## L21000425278

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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2021 SEP 29 PM 12: 07 RECEIVED

2021 SEF 29 PM 12: 36



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/28/2021			
	Eric Marcano			
	#:1482801			
Entity Nam	ne:	RMY LEGACY LLC		
📝 Artic	cles of Incorporation/Auth	orization to Transact Business		
Ame	endment			
☐ Cha	inge of Agent			
☐ Reir	nstatement			
☐ Con	Conversion			
☐ Mer	ger			
☐ Diss	solution/Withdrawal			
☐ Ficti	itious Name			
Oth	er			
Authorized	Amount: <b>\$12</b> !	3.00		
Signature:	Eric Marcano			

P: 800.221.0102

F: 800.944.6607

		COVER LET	TER	
	Filing Section sion of Corporations			
SUBJECT:		RMY Legacy		
	Name	e of Limited Liabi	lity Company	
The enclosed	Articles of Organization and fo	ee(s) are submitted	d for filing.	
Please return	all correspondence concerning	this matter to the	following:	
_		Rachel	Wilson	
		Name o	f Person	
_	Ţ:	aft Stettinius &	& Hollister LLP	
	-	Firm/Co	ompany	
_	111	E. Wacker D	rive, Suite 280	0
		Add	ress	_
		Chicago,	IL 60601	
		City/State ar	ıd Zip Code	
_		_ rwilson@ta	ftlaw.com	
	E-mail address: (to b	be used for future	annual report notific	cation)
For further info	ormation concerning this matter	, please call:		
	Rachel Wilson	at ( 312	836-	4011
	Name of Person	Area Code	Daytime Teleph	none Number
Enclosed is a	check for the following amoun	t:		
\$125.00 Filir	g Fee \$130.00 Filing Fo Certificate of Sta	itus Certif	00 Filing Fee & ied Copy nal copy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327

## Street Address

New Filing Section
Division of Corporations
Clifton Building

HED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				2021 SEF 29	PM 12: 36
The name of the Limited Liability	y Company is:			SECRETARY TALLATIAS	OF STATE
	RMY	Legacy LLC		MELMIN	MEL, PE
(Must conta	in the words "Limited Lia	ability Company, "L	L.C.," or "LLC.")	ı	_
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ce of the Limited Li	ability Company is	:	
<u>Principa</u>	l Office Address:		Mailing A	ddress:	
2225 S. O Delray Be	cean Blvd. #13 ach, FL 33483		624 SE 5t Delray Beach,		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Retive Florida registration.	egistered Agent, Yo )	s Signature: u must designate a	n individual or	
	COGEN	NCY GLOBAL I	NC.	_	
	?	Name			
	115 North (	Calhoun Street,	Suite 4		
	Florida street address (	P.O. Box <u>NOT</u> acce	ptable)	-	
	Tallahassee	Florida	32301		
	City	State	Zip	_	
laving been named as registered a place designated in this certificate, arther agree to comply with the praym familiar with and accept the obli	l hereby accept the appoin ovisions of all statutes rela	ntment as registered a ting to the proper an	agent and agree to ad complete perforn	act in this capacity nance of my duties	$v_{c} T$
	/s/Lisa Workn	nan, Asst. Sec.			
	Registere	d Agent's Signature	(REQUIRED)	_	

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" ==	Authorized Mamher	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	<b>Manager</b>	Randall Young
		624 SE 5th St.
		Delrav Beach, FL 33483
-		- SE SE
		29
Olean ann an	··································	36 ATE
	ment if necessary)	
the date of filing.) Note: If the date ins	erted in this block does not me	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days after  ect the applicable statutory filing requirements, this date will not be listed a
	tive date on the Department of	State's records.
ARTICLE VI: Other	provisions, if any.	
REQUIRE	D SIGNATURE:	U
	- Fano	all joing
	This document is executed I am aware that any false in	ther or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
		Randall Young
		Typed or printed name of signec
		Filing Face:

as

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)