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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:_____

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$56.20 James Full
Document # Legacy of Good Deeds LLC BUSINESS (Name) Pick up time____ Walk in Will wait Mail out Photocopy X Certified Copy ___ Certificate of Status **NEW FILINGS** <u>AMMENDMENTS</u> Amendment Profit Resignation of R.A. Officer/Director ___Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP REGISTERATION/QUALIFICATIONS **OTHER FILINGS** __ Foreign filing Annual Report _Limited Partnership Reinstatement Fictitious Name Other APOSTIL ()____ Country



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Legacy of Good Deeds LC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Erica N. Williams
Name of Person
·
Firm/Company
100 South Ashley Drive Suite 600
100 South Ashley Dave Suite 600
Tampa, FL 33602
Tampa FL 33602 City/State and Zip Code enjoylife 3298 a gmail.com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number #56.20 Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) □S160.00 Filing Fee, Certificate of Status & Certified Copy (add tional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroc Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Legacy of	Good Deeds LLC. Company, "L.L.C.," or "LLC.")
(Must co	ntain the words "Limited/Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office of t	ne Limited Liability Company is:
Princ	ipal Office Address:	Mailing Address:
	ACL La . N =	100 South Ackley Dave
100 South	ranicy prive	100 0000 VISUITA DITA
Suite 600	Ashicy Mile	Suite 600
RTICLE III - Registered A The Limited Liability Compar	Ashley Dove 3 60) gent, Registered Office, & Registry cannot serve as its own Registern active Florida registration.)	•
ARTICLE III - Registered A The Limited Liability Compar nother business entity with an	gent, Registered Office, & Regist ny cannot serve as its own Register	ered Agent's Signature: ed Agent. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compai nother business entity with an	gent, Registered Office, & Registry cannot serve as its own Register active Florida registration.) t address of the registered agent are	ered Agent's Signature: ed Agent. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compai nother business entity with an	gent, Registered Office, & Regist ny cannot serve as its own Register n active Florida registration.)	ered Agent's Signature: ed Agent. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compai nother business entity with an	gent, Registered Office, & Registry cannot serve as its own Registery active Florida registration.) t address of the registered agent are \(\frac{\mathcal{E}_{r_1} \mathcal{C}_{\mathcal{Q}} \mathcal{N}_1 \mathcal{U}_{\mathcal{N}} \mathcal{N}_{\mathcal{E}_{r_1}} \mathcal{N}_1 \mathcal{U}_{\mathcal{N}_1} \mathcal{N}_{\mathcal{E}_{r_1}} \mathcal{N}_1 \mathcal{U}_{\mathcal{N}_1} \mathcal{U}_{\mathcal{N}_1} \mathcal{U}_{\mathcal{N}_1} \mathcal{N}_{\mathcal{E}_{r_1}} \mathcal{U}_{\mathcal{N}_1} \mathcal{U}_{\mathcal{U}_1} \mathcal{U}_{\mathcal{U}_1}	ered Agent's Signature: ed Agent. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compai nother business entity with an	gent, Registered Office, & Registry cannot serve as its own Register active Florida registration.) t address of the registered agent are	ered Agent's Signature: ed Agent. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compar nother business entity with an	gent, Registered Office, & Registry cannot serve as its own Registery active Florida registration.) t address of the registered agent are \(\frac{\mathcal{E}_{r_1} \mathcal{C}_{\mathcal{Q}} \mathcal{N}_1 \mathcal{U}_{\mathcal{N}} \mathcal{N}_{\mathcal{E}_{r_1}} \mathcal{N}_1 \mathcal{U}_{\mathcal{N}_1} \mathcal{N}_{\mathcal{E}_{r_1}} \mathcal{N}_1 \mathcal{U}_{\mathcal{N}_1} \mathcal{U}_{\mathcal{N}_1} \mathcal{U}_{\mathcal{N}_1} \mathcal{N}_{\mathcal{E}_{r_1}} \mathcal{U}_{\mathcal{N}_1} \mathcal{U}_{\mathcal{U}_1} \mathcal{U}_{\mathcal{U}_1}	ered Agent's Signature: ed Agent. You must designate an individual or in the control of the con

11 ρl d I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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

Use attachment if necessary) I. V: Elfective date, if other than the date of filing: \(\frac{\sqrt{10}}{20} \) \(\sqrt{1	Use attachment if necessary) V: Effective date, if other than the date of filing: \(\sigma \sigma \		
Use attachment if necessary) Ev: Effective date, if other than the date of filing: \(\frac{\sqrt{10}\left{12}}{\sqrt{20}} \) (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will no tent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Lica J. W. J. Lame Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	Use attachment if necessary) V: Effective date, if other than the date of filing: of 10/22 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605:0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Face N. Williame Typed or printed name of signee Filling Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent is 30.00 Certificate of Status (Optional) 5.00 Certificate of Status (Optional)	"AMBR" = Authorized Member "MGR" = Manager	
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Use attachment if necessary) E.V: Effective date, if other than the date of filing: \(\tilde{\tild	Use attachment if necessary) V: Effective date, if other than the date of filing: \(\sigma \frac{1}{2}\) \(\sigma		Tamoa FL 33606
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