Division of Corporations

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Ta:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

∞Email Address:_____

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. LEGACY EMPIRE HOMES PENNS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	: ited Liability Company is:		
LEGAC	CY EMPIRE HOMES PENN	IS LLC	•
	(Must contain the words "Limited I	iability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Addi The mailing address:	ress: and street address of the principal of	ffice of the Limited I	Liability Company is:
	Principal Office Address:		Mailing Address:
	St N STE 300	7901	4th St N STE 300
St. Peter	sburg, FL 33702	St. Pe	etersburg, FL 33702
(The Limited Liabilit another business enti	istered Agent, Registered Office, a y Company cannot serve as its own ty with an active Florida registration orida street address of the registered	Registered Agent. Yon.)	
	Registered Agents I	nc	
		Name	<u> </u>
	7901 4th St N STE	300	
	Florida street address	(P.O. Box <u>NOT</u> acc	ceptable)
	St. Petersburg	Florida	33702
	City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and 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)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR - Manager	LEGACY EMPIRE ENTERPRISE LLC
<u></u>	30 N GOULD ST STE R
	SHERIDAN WY 82801
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
an effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days after
e date of filing.) ote: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed
e document's effective date on the Departme	nt of State's records.
RTICLE VI: Other provisions, if any.	
	ion of recently dissolved entity
ee attached page for name resolut	
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Robin Jones

Name Resolution

I. MOHAMED KAMARA, last member and authorized person of LEGACY EMPIRE HOMES PA LLC, acting on behalf of the company, authorize Robin Jones of REGISTERED AGENTS INC. to file the name LEGACY EMPIRE HOMES PA LLC, a Florida Limited Liability Company for use in the State of Florida.

I acknowledge that the original LEGACY EMPIRE HOMES PA LLC, L21000167197, has been dissolved, and I have no intentions to reopen it.

Dated this 6th day of June, 2023.

MOHAMED KAMARA, Authorized Member

23 J. H. AMH: 31