123000560468

(Requ	restor's Name)	
(Addr	ess)	
()	,	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
	The state of the s	
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer	
au r		

Office Use Only



300419908693

(19/18/13)

2023 DEC 22 RM II-L

CT CORP

(850) 656- 4724 3558 lakesore Drive

Tallahassee, FL 32312

12/22/2023

Date:

Acc#I20160000072	
Legacy Acquisition Fund, LLC	
15289047 - 3	
Country of Destination: Number of Certs:	
Certified:	Email Address for Annual Report Notification
Amount: \$ 180.00	
	Legacy Acquisition Fund, LLC 15289047 - 3 Country of Destination: Number of Certs: Certified: Plain: COGS:

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Legacy Acquisition Fund, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
March 3, 2023
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Legacy Acquisition Fund, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 15 day of Declarber	-20			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: Printed Name: Michael A. Gowd Jr.	Title: Manager			
Signature(s) on behalf of Other Business Entity:				
Signature:				
Signature: Printed Name: Michael A. Gowl, Jr.	Title: Manager			
Signature:				
Signature: Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - The name of th	Name: e Limited Liability Company	is:
Legacy Acquisit		
	(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - The mailing ad		e principal office of the Limited Liability Compan
Principal Offic	ce Address:	Mailing Address:
288 South Drive	:	100 N. West Street
Plantation Key,	FL 33036	Easton, MD 21601
		red Office, & Registered Agent's Signature:
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the	egistered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the C T Corporation System	egistered Agent. You must designate an individual or another the registered agent are:
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the C T Corporation System	egistered Agent. You must designate an individual or another
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the C T Corporation System	egistered Agent. You must designate an individual or another the registered agent are:
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the C T Corporation System N 1200 South Pine Island Re	egistered Agent. You must designate an individual or another the registered agent are:
(The Limited Liabili business entity with	ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of the C T Corporation System N 1200 South Pine Island Re	egistered Agent. You must designate an individual or another the registered agent are: ame

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..

Kethn A. Chholon

Registered Agent's Signature (REQUIRED)

Kathryn A. Widdoes- Assistant Secretary

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Michael A. Gowl, Jr.	
	100 N. West Street	
	Easton, MD 21601	
(Use attachment if necessary)		
•		
LE V: 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.

Michael A. Gowl, Jr.

Typed or printed name of signee

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)