Page: 1 of 2

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address: Michael.Boutzoukas@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.

Legacy Gas, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

407,244,5690

ARTICLE I - Name:

The name of the Limited Liability Company is: LEGACY GAS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office / Mailing Address:

2370 Floyd Creek Church Road Taylorsville, GA 30178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Registered Agents Inc.

Name

7901 4th St. N., Ste 300 Florida street address (P.O. Box NOT acceptable)

> St. Petersburg, FL 33702 City, State, and 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

Article IV - Management:

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

Title: Name and Address:

Michael Loy Manager

2370 Floyd Creek Church Road Taylors ville, GA 30178

poutroukas

Michael Boutzoukas, Authorized Representative Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Boutzoukas

Typed or printed name of signee