

C24000295828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

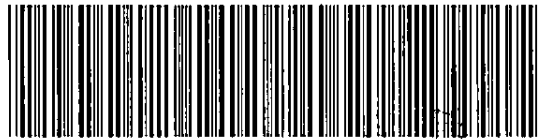
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900430638679

FILED

2024 JUL -3 AM 9:43  
TALLAHASSEE, FL

900430638679  
07/13/24 11:00:00 AM \$125.00

2024 JUL -3 PM 2:33  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Legacy 12 Properties LLC  
Name of Limited Liability Company

TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

SERVER: \_\_\_\_\_

ID #: \_\_\_\_\_

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Taldone

Name of Person

Law Offices of Nicholas Taldone

Firm/Company

5802 State Road 54

Address

New Port Richey Florida 34652

City/State and Zip Code

taldonelaw@nisa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Taldone 727 3750390  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2024 JUL -3 AM 9:47

CLERK OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legacy 12 Properties LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11331 Hidden treasure Court  
New Port Richey Fl 34654

11331 Hidden Treasure Court  
New Port Richey Fl 34654

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lawrence Duke

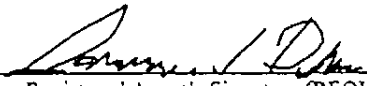
Name

11331 Hidden Treasure Court

Florida street address (P.O. Box NOT acceptable)

|                        |                |              |
|------------------------|----------------|--------------|
| <u>New Port Richey</u> | <u>Florida</u> | <u>34654</u> |
| 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)

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2024 JUL -3 PM 3:47  
CLERK OF STATE  
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member:

"MGR" = Manager:

AMBR

Lawrence Duke  
11331 Hidden Treasure Court  
New Port Richey FL 34652

AMBR

Elizabeth Duke  
11331 Hidden Treasure Drive  
New Port Richey FL 34652

\_\_\_\_\_  
\_\_\_\_\_  
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(Use attachment if necessary)

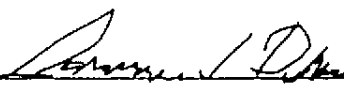
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED 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.

Lawrence J Duke

\_\_\_\_\_  
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)

DEPARTMENT OF STATE  
RECEIVED  
JAN 3 11 34 AM '07

FILED