

**L990000001014**

Requestor's Name  
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City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Florida Legacy LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
09 FEB 22 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-02/22/99--01093--003  
\*\*\*337.50 \*\*\*337.50

**L99-1014**

Name Availability	<i>OK 2-23</i>
Document Transmittal	<i>OK</i>
Updater	<i>OK</i>
Updater Verifier	<i>OK</i>
Acknowledgment	<i>OK</i>
W. P. Verifier	<i>OK</i>

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99 FEB 22 PM 12:35

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 22, 1999

SUNSTATE RESEARCH

SUBJECT: FLORIDA LEGACY LLC  
Ref. Number: W99000004372

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TALLAHASSEE, FLORIDA

We have received your document for FLORIDA LEGACY LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 299A00007975

*corrected -  
Please have  
dated 2/22/99*

99 FEB 22 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

FLORIDA LEGACY LODGES, LLC

**ARTICLE II - Address**

The mailing address and the street address of the principal office of the Limited Liability Company is 14835 SE 85th Street, Ocklawaha, Florida, 32179.

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager until the first annual meeting of members or until his successor is elected and qualifies is:

Stanley Selengut

14835 SE 85th Street  
Ocklawaha, Florida, 32179

**ARTICLE V - Registered Agent and Office**

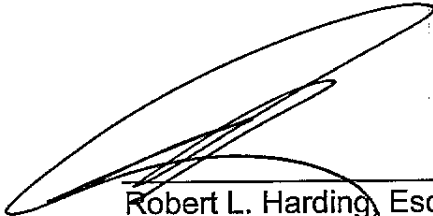
The name of the initial registered agent of the Limited Liability Company is Robert L. Harding, Esq. and the street address of the initial registered agent is 20 North Orange Ave., Suite 1000, Orlando, Florida 32801-4626.

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## ARTICLE VI - Miscellaneous

The Manager will be able to admit new members with the unanimous consent of the holders of the membership interests. The right of the members to admit additional members, or whether an assignee of a member's interest may become a member, and the terms and conditions of the admissions, and the right of the remaining members to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, shall be as set forth in the Regulations and Operating Agreement.

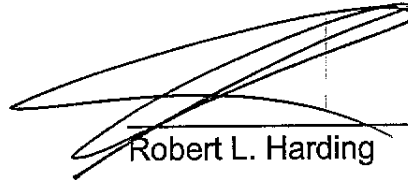
Date: February 19, 1999



Robert L. Harding, Esquire  
Authorized Representative of the Members

## REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.




Robert L. Harding

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## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned, being the authorized representative of the members of Florida Legacy, LLC says:

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the members is \$1,000.00.
- 3) if any, the agreed value of property other than cash contributed by members is \$ -0-.
- 4) the total amount of cash or property anticipated to be contributed by members is \$1,000.00. This total includes amounts from 2 and 3 above.



Robert L. Harding, Esquire  
Authorized Representative of the Members

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