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From:

Account Name : C T CORPORATION SYSTEM  
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**FOREIGN LIMITED LIABILITY COMPANY**

**Legends, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$125.00

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Florida Dept of State

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 4, 2004

CT CORPORATION SYSTEM

SUBJECT: LEGENDS, LLC  
REF: W04000036389

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the names and street addresses of the members or managers of the limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAPPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Legends, LLC  
(Name of Foreign Limited Liability Company)
2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 16-1507572  
(FEI number, if applicable)
4. 1-29-04  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing of Application for Authorization  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2615 Culver Road, Suite 200  
Rochester, New York 14609  
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:  
2615 Culver Road, Suite 200, Rochester, New York, 14609  
Fuad Khuri, Manager
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Warehouse/assembly/  
distribution of game/collectible cards

Fuad Khuri  
Signature of a member or an authorized representative of a member.  
(In accordance with section 606.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Fuad Khuri, Manager/Authorized Representative

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Legends, LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL

33324

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 608, Florida Statutes.*

CT Corporation System

By: James M. Newsome

(Signature)

**JAMES M. NEWSOME**  
Special Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

TOTAL P.04

**State of New York  
Department of State** | **ss:****FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I hereby certify, that a Certificate of Conversion to a Limited Liability Company, changing its name to LEGENDS, LLC was filed in this Department on 1/29/2004. An Affidavit of Publication of LEGENDS, LLC was filed on 4/8/2004. An Affidavit of Publication of LEGENDS, LLC was filed on 4/8/2004, and said Limited Liability Company is subsisting in this Department.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 25th day of August  
two thousand and four.

200408260334 61

