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COVER LETTER

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of

TO:

Registration Section
Division of Corporations

EF Legacy Securities, LLC

Existence, and check are submitte	d to register the above	e referenced foreign limite	d liability company to transact business in
Please return all correspondence of	concerning this matter	to the following:	
Macker	nzie Hibler	•	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
Registe	red Agent	t Solutions, I	nc.
		Firm/Company	
1701 D	irectors Bl	vd, Suite 30	0
		Address	
Austin,	TX 78744		
		City/State and Zip Code	
shawn.s	shook@ric	edelman.co	m
	E-mail address: (to	be used for future annual repo	ort notification)
For further information concerning	g this matter, please ca	all:	
Mackenzie	Hibler	at (888)	7057274
Name o	f Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	D R	TREET ADDRESS: ivision of Corporations egistration Section lifton Building	
Tallahassee, FL 32314	2€	661 Executive Center Circl allahassee, FL 32301	le
Enclosed is a check for the fa			
■ \$125.00 Filing Fee	☐ \$130.00 Filing Fe Certificate of Stat		•

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. EF Legacy Securities, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limite Liability Company," "L.L.C," or "LLC.")
• • •
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-3919321 (FEI number, if applicable)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 200 Westgate Parkway, Suite 202
Henrico, VA 23233
(Street Address of Principal Office)
_{6.} 200 Westgate Parkway, Suite 202
Henrico, VA 23233
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
William P. Hayes, Manager-4000 Legato Road, 9th Floor, Fairfax, VA 22033
Edward Moore, Manager-4000 Legato Road, 9th Floor, Fairfax, VA 22033
Aaron Rowe, Manager-200 Westgate Parkway, Suite 202, Henrico, VA 23233
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offici 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 translations be submitted)
Signature of an authorized person In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein a turn aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in \$,817.155, F.S.)
William P. Hayes, Manager
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 nam	e of the Limited Liability Cor	npany is:	
EF Leg	gacy Securities, L	LC	
lf unavailab	le, the alternate to be used in	the state of Florida is:	
2. The nam	e and the Florida street addres	ss of the registered agent and office are:	
	Registered Ag	ent Solutions, Inc.	
		(Name)	
	155 Office Pla	za Dr. Suite A	
	Florida Street /	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301 FL 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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent: \$ 30.00 Certified Copy (optional)

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EF LEGACY SECURITIES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EF LEGACY SECURITIES, LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

e at corp delaware gov/aut

Authentication: 10357240

Date: 11-04-15

5741138 8300 SR# 20150769039

You may verify this certificate online at corp.delaware.gov/authver.shtml