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Fisher,Tousey,Leas,Ball و Fisher,Tousey,Leas



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То:	Division of Corporations Fax Number ; (850)617-	-6383			
From:	Account Name : FISHER,		& BALL	- Ph	
	Account Number : I1999000 Phone : (904)356 Fax Number : (904)355	-2600	TALE OKIDA	3: 16	
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		cov	ER LETTER					
TO:	Registration Section Division of Corporations							
SUBJE	Legacy Development							
		Name of L	imited Liability C	ompany				
Existen	closed "Application by Fore ace, and check are submitted	to register the above referen	nced foreign limit					
Please	return all correspondence co	ncerning this matter to the f	ollowing:					
	Marvin Kloeppe	l, Esq.						
		Na	me of Person			·		4
	Fisher, Tousey, 1	Leas & Ball, P.A.						•
	· · · · · · · · · · · · · · · · · · ·	Fir	m/Company		.,			
	501 Diverside A	venue, Suite 600	in company					
	JOT Riverside A	venue, sune 660	Address		·			
	Jacksonville, Flo	vrida 32202	. 1001-000					
	Jacksonvine, Pie							
		City/St	ate and Zip Code					
	tlv@fishertousey.							
		E-mail address: (to be used	for future annual	report not	ification)			
For fu	rther information concerning	; this matter, please call;						
	Marvin Kloeppel		904 at (	356-26	00			
	Name o	f Contact Person	Area Code	Day	time Telephon	e Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	·		Division Registrat Clifton B 2661 Exe	<b>CADDRESS:</b> of Corporation ion Section building secutive Center ( sec, FL 32301			
Enclo	sed is a check for the follow \$125.00 Filing Fee	ing amount: \$\Box \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy			iling Fee, Certificate Certified Copy	2	

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May 31, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

FISHER, TOUSEY, LEAS & BALL

SUBJECT: LEGACY FLORIDA DEVELOPMENT, LLC REF: W16000039608

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.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H16000131686 Letter Number: 216A00011353

P.O BOX 6327 - Tallahassee, Florida 32314

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| 233          | Fisher, Tousey,                                        | Leas,Ball                                                                                                                         |                                                                                              | 02:22:53 p.                                                                          | m.                   | 06-01-2016      | J        | 4 /5           |
|--------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|-----------------|----------|----------------|
|              | APPLICATION BY FO                                      | REIGN LIMITED LIABIL                                                                                                              | LITY COMPANY FO<br>IN FLORIDA                                                                | R AUTHORIZATION T                                                                    | O TR                 | ANSACT BU       | SINES    | S              |
| _            |                                                        | TON 605.0902, FLORIDA STATL<br>SINESS IN THE STATE OF FLOH                                                                        | •                                                                                            | IS SUBMITTED TO REGISTE!                                                             | RA FOH               | REIGN LIMITEL   | D LIABIL | ſΓΥ            |
|              | Legacy Development, L                                  | LC                                                                                                                                |                                                                                              |                                                                                      |                      |                 |          |                |
| 1            |                                                        | ign Limited Liability Company;                                                                                                    | must include "Limited L                                                                      | iability Company," "L.L.C.,"                                                         | or "LL               | .C.'}           | -        |                |
| 1            | .cgacy Florida Developm                                |                                                                                                                                   |                                                                                              |                                                                                      |                      |                 |          |                |
| L            | iability Company," "L.L.C,"                            | ernate name adopted for the pur<br>or "LLC.">                                                                                     | rpose of transacting busin                                                                   | ess in Florida. The alternate                                                        | name m               | ust include "Li | mited    |                |
| 2            | Delaware                                               |                                                                                                                                   | 3.                                                                                           |                                                                                      |                      |                 |          |                |
| -            | (Jurisdiction under the law (<br>company is organized) | of which foreign limited liability                                                                                                | y <u> </u>                                                                                   | (FE) number, if applica                                                              | ble)                 |                 |          |                |
| 4            | · · · · · · · · · · · · · · · · · · ·                  |                                                                                                                                   |                                                                                              |                                                                                      |                      |                 |          |                |
| 5            | 501 Riverside Avenue,                                  | (Date first transacted bi<br>(Sec sections 605.0904 &<br>Suite 600                                                                | 605.0905, F.S. to determ                                                                     | ine penalty liability)                                                               |                      |                 |          |                |
| -            | Jacksonville, Florida 32                               |                                                                                                                                   |                                                                                              | ·····                                                                                |                      | S               | 5        |                |
|              | (01 D) )) .                                            |                                                                                                                                   | s of Principal Office)                                                                       |                                                                                      |                      | <u> </u>        | <u> </u> | r,             |
| 6            | 501 Riverside Avenue,                                  | Suite 600                                                                                                                         |                                                                                              |                                                                                      |                      | ()<br>- ()      | 100 C    | 5 <b>\$</b>    |
|              | Jacksonville, Florida 33                               | 202                                                                                                                               |                                                                                              |                                                                                      |                      | مار خ           | 1        | • Tanada 714 • |
|              |                                                        |                                                                                                                                   | ing Address)                                                                                 |                                                                                      |                      |                 |          | 2              |
| _            |                                                        |                                                                                                                                   | •                                                                                            |                                                                                      |                      | nc)             | PH       |                |
| 7            | . Name and street addres                               | 5 of Florida registered agent:                                                                                                    | : (P.O. Box <u>NOT</u> acce                                                                  | eptable)                                                                             |                      |                 |          |                |
|              | Name:                                                  | Fisher, Tousey, Leas & Ba                                                                                                         |                                                                                              |                                                                                      |                      |                 | 2: 10    | Sec. and       |
|              | Office Address:                                        | 501 Riverside Avenue, Sui                                                                                                         | te 600                                                                                       |                                                                                      |                      | 17<br>17        | 0        |                |
|              |                                                        | Jacksonville                                                                                                                      |                                                                                              | , Florida                                                                            |                      |                 |          |                |
| F<br>a<br>ti | lesignated in this applica<br>o complywith the provisi | gistered agent and to accept<br>flon, I hereby accept the app<br>ons of all statutes relative to<br>ny position as registered age | t service of process for<br>pointment as registered<br>the proper and compl<br>ent.<br>Would | Lip above stated limited I<br>d agent and agree to act h<br>ete performance of my du | lability<br>n this c | apacity. I fut  | ther ag  | ree            |
|              |                                                        | (R                                                                                                                                | egistered agent's signatur                                                                   | re)                                                                                  |                      |                 |          |                |
| :            | 8. The name, title or cana                             | acity and address of the perso                                                                                                    | on(s) who has/have auti                                                                      | hority to manage is/are:                                                             |                      |                 |          |                |
|              | Marvin Kloeppel, Manag                                 | •                                                                                                                                 |                                                                                              |                                                                                      |                      |                 |          |                |
| -            |                                                        |                                                                                                                                   |                                                                                              |                                                                                      |                      |                 |          |                |
| -            | 501 Riverside Avenue, Si                               | uite 600                                                                                                                          |                                                                                              |                                                                                      |                      |                 |          |                |
|              | Jacksonville, Florida 322                              | 02                                                                                                                                |                                                                                              |                                                                                      |                      |                 |          |                |
| j            |                                                        | _ Cha                                                                                                                             |                                                                                              | reign language, a translation                                                        |                      |                 |          |                |
| _            |                                                        |                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                        | de Oseana en la sub                                                                  |                      | 1. 7. 6         |          |                |
|              |                                                        | I in accordance with section (<br>the Department of State con                                                                     |                                                                                              |                                                                                      |                      |                 | 11       |                |

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Traci Venable, Authorized Representative

Typed or printed name of signee

Fisher, Tousey, Leas, Ball

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGACY DEVELOPMENT, 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 THIRTY-FIRST DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY DEVELOPMENT, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2016.

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



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SR# 20164116693 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202407679 Date: 05-31-16