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(Requestor's Name) (Address) (Address)	000290659430		
(City/State/Zip/Phone #)	03/28/1001013005 **1362.50		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	IS SEP 28 AM II: 56		
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n an
' SUNSHINE corporate filing of florida inc.
3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM
Date: 9-28-16
ENTITY NAME:
LEGACY LIFESTYLES FT MYERS
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy
Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
***APOSTILLE'/NOTARIAL CERTIFICATION:**
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 150 CHECK NUMBER: 3595
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff, President

--

COVER LETTER

TO: **Registration Section Division of Corporations**

LEGACY LIFESTYLES FT. MYERS PROPERTY LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

		Na	ame of Person			
		Fi	rm/Company			
			Address			
		City/SI	ate and Zip Code			
	dscoia@barcla	ygroupeast.net				
		E-mail address: (to be used	for future annual	report not	ification)	
For further infor	mation concerning	this matter, please call:				
For former infor	mation concerning	g uns matter, prease can.				
			- + /	`		
	Name o	f Contact Person	_ at (Area Code	_) Dayı	time Telephone Number	
MATT	NG ADDRESS:			STREET	ADDRESS:	
	n of Corporations				of Corporations	
Registra	ation Section				on Section	
P.O. Bo				Clifton Bu		•
Tallaha	ssee, FL 32314				cutive Center Circle	
				Tatianasse	e, FL 32301	
Enclosed is a che	ck for the followi	ng amount:				
□ \$125	.00 Filing Fee	□ \$130.00 Filing Fee &	\$155.00 Filin	g F cc &	□ \$160.00 Filing Fee, Certi	ficate
		Certificate of Status	Certified Copy		of Status & Certified Copy	

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:

LEGACY LIFESTYLES FT. MYERS PROPERTY 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 "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE

APPI IED COD

2.		1. ATTENDIOR	
(Jurisdicti company	ion under the law of which foreign limited liability y is organized)	(FEI number, if applicable)	 _
4. N/A			
	(Date first transacted busines. (See sections 605.0904 & 605.0	s in Florida, if prior to registration.) 1905, F.S. to determine penalty liability)	
5. <u>2300 C</u>	URLEW ROAD, SUITE 100		
PALM	HARBOR, FL 34863		
	(Street Address of Pr	rincipal Office)	
6.			 -

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

UNITED CORPORATE SERVICES, INC. Name:

Miami

Office Address:

(City)

9200 South Dadeland Blvd., Suite 508

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

33156

(Zin code)

Florida

Corporate Services. (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

DAVID S. COIA, authorized person

2300 CURLEW ROAD, SUITE 100, PALM HARBOR, FL 34863

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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.

	DA	VID	S.	COI	8
--	----	-----	----	-----	---

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEGACY LIFESTYLES FT. MYERS PROPERTY 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY LIFESTYLES FT. MYERS PROPERTY LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2016.

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

6161500 8300

SR# 20165961101 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203065951 Date: 09-27-16

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