M16000008097

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Busin	ess Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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W16-6	1609	





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D. SCOTT 0CT 11 2016

A.R.T. LEGACY INVESTMENTS, LLC 10122 NORTH DELAWARE DRIVE **BANGOR, PA 18013** 484-541-0797

October 3, 2016

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Ms. Dionne M. Scott

RE:

Application by Foreign LLC Reference Number: W16000061609

Letter Number: 816A00019023

Dear Ms. Scott:

I am in receipt of your letter dated September 8, 2016, regarding the application referenced above. Per your instructions in that letter, enclosed please find the following documents:

- Copy of your September 8, 2016 letter.
- Original of the Application form, revised to add the title or capacity of the person who has the authority to manage the foreign limited liability company.

I am the owner of the limited liability company, and have added the word "owner" after my name on the form.

I believe this will address the deficiency on the form. However, if you have any questions, or find that you need anything further, please do not hesitate to contact me.

Thank you for your assistance with this matter.

Very Truly Yours,

Christopher A. Taylor, Owner

A.R.T. Legacy Investments, LL

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	A.R.T. Legacy Investments, LLC			
	Name of Limited Liability Company			
The enclosed Existence, an	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d 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:			
	Christopher A. Taylor			
Name of Person				
A.R.T. Legacy Investments, LLC				
Firm/Company				
10122 N. Delaware Drive				
Address				
	Bangor, PA 18013			
	City/State and Zip Code			
	artlegacyinvestments@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further in	formation concerning this matter, please call:			
	Christopher A. Taylor at 484 541-0797			
	Name of Contact Person Area Code Daytime Telephone Number			
Div Reg P.O Tal	ILING ADDRESS: sion of Corporations Division of Corporations Registration Section Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount: 125.00 Filing Fee \$\simeg \\$130.00 Filing Fee & \$\simeg \\$155.00 Filing Fee & \$\simeg \\$160.00 Filing Fee, Certificate of Status \$\simeg \\$Certified Copy \$\simeg \\$Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMFANY 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:

1(Name of Fore	A.R.T. Legacy Investments, LLC eign Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al	lternate name adopted for the purpose of transacting business in Florida. The alternate nam	ne must include "Limited
Liability Company," "L.L.C,'	or "LLC.")	
2. Pennsylvan		····
company is organized)	of which foreign limited liability (FEI number, if applicable)	
_{4.} After appr	oval of application	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	-
5	10122 N. Delaware Drive	_
	Bangor, PA 18013	
	(Street Address of Principal Office)	-
5	10122 N. Delaware Drive	_
	Bangor, PA 18013	
	(Mailing Address)	-
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Br	adley W. Butcher, Esq.	
Office Address:	6830 Porto Fino Circle Suite 2	
	Ft. Myers, Florida 33912	
designated in this applicate to complywith the provision	tance: gistered agent and to accept service of process for the above stated limited liabi tion, I hereby accept the appointment as registered agent and agree to act in thi ons of all statutes relative to the proper and complete performance of my duties my position as registered agent. Burally W. M.	is capacity. I funther agree
	(Registered agent's signature)	一般是一旦
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are: Christopher A. Taylor Owner	PH 12: 3
	10122 N. Delaware Drive	
	Bangor, PA 18013	·
urisdiction under the law of the translator must be so This document is executed	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of abmitted) Signature of an authorized person I in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any of the Department of State constitutes a third degree felony as provided for in s.817	f the certificate under oath - y false information
	Christopher A. Taylor	,
	Typed or printed name of signee	-

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/11/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

A.R.T. Legacy Investments, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth 👰

Certification Number: TSC160811141329-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx