

m17000001007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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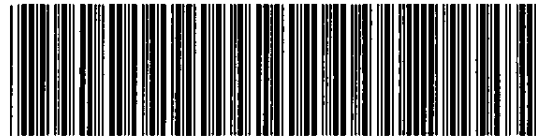
(Business Entity Name)

(Document Number)

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SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 2-3-17

Name:	LGM LLC
Document #:	(Patty Paranet)
Order #:	

Certified Copy of Arts & Amend:				
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Certificate of Good Standing:				
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Amount: \$ 125.00

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LGM LLC (dba Legends of Golf Marketing, LLC)

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:

Michael J. Mills

Name of Person

Klein Bussell, PLLC

Firm/Company

1224 6th Avenue North

Address

Nashville, TN 37208

City/State and Zip Code

michael.mills@kleinbussell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Mills

615

549-6630

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

1. LGM LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Legends of Golf Marketing, 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.")

2. Tennessee 3. 81-4574270
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A - Starting a business
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 830 Highway A1A North, Unit 03
Ponte Vedra Beach, FL 32082
(Street Address of Principal Office)

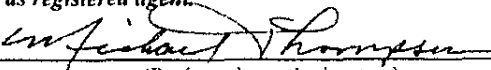
6. 830 Highway A1A North, Unit 03
Ponte Vedra Beach, FL 32082
(Mailing Address)

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

Name: Michael Thompson
Office Address: 830 Highway A1A North, Unit 03
Ponte Vedra Beach, Florida 32082
(City) (Zip code)

Registered agent's acceptance:

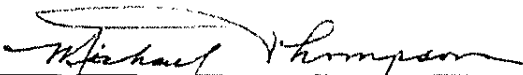
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all 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.


(Registered agent's signature)

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

Michael Thompson, CEO & President (830 Highway A1A North, Unit 03, Ponte Vedra Beach, FL 32082)

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.

Michael Thompson

Typed or printed name of signee

FILED
017 603 -3 A 9 56
SECRETARY OF STATE
TAMMIE J. HARRIS
FLORIDA



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

LGM LLC
1224 6TH AVE N
NASHVILLE, TN 37208

February 3, 2017

Request Type: Certificate of Existence/Authorization

Request #: 0227877

Issuance Date: 02/03/2017

Copies Requested: 1

Document Receipt

Receipt #: 003089404

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3693953224

\$20.00

Regarding: LGM LLC

Filing Type: Limited Liability Company - Domestic

Control #: 877206

Formation/Qualification Date: 12/02/2016

Date Formed: 12/02/2016

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

LGM LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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