3/24/2017



### Florida Department of State

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### Foreign Limited Liability Company LEGEND ADVISORY, LLC

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# State of New York Department of State } ss:

I hereby certify, that LINCOLN LAC HOLDINGS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/28/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment LINCOLN LAC HOLDINGS, LLC, changing its name to LEGEND ADVISORY, LLC, was filed 01/04/2017.



Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of March two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

201703240646 \* M9

#### H170000822113

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

L. LEGEND ADVISOR	RY, LLC		
(Name of Fore	ngn Limited Liability Company; must incht	ide "Limited Liability Company," "L.L.C.," or "LLC.	(*)
(If name unavailable, enter al Liability Company," "L.L.C.	temate name adopted for the purpose of tra	nsacting business in Florida. The alternate name mus	t include "Limited
2. New York	3.	13-2935555	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. Upon Qualification			
	(Date first transacted husiness in F (See sections 605,0904 & 605,0905.	lorida, if prior to registration.) F.S. to determine penalty liability)	
5. 601 Office Center D	rive Suite 300, Fort Washington, Pen	insylvania 19034	
(Street Address of Principal Office) 601 Office Center Drive Suite 300, Fort Washington, Pennsylvania 19034			至20 二
6			<b>7</b>
			MAR 27 PRETAR AHASS
	(Mailing Addres	.s) .·	12.7 ASM
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Business Filings Incorporated		
Office Address:	1200 South Pine Island Road		- 10 S 7: 0
	Plantation	, Florida 33324	0810 0810 0810
<b>7</b>	(City)	(Zip code)	>
designated in this applica to complywith the provisi	gistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited liability or as registered agent and agree to uct in this coper and complete performance of my duties, and	acity. I further agree
	(Registered a	genl's signature) Mark Williams, A.V.P., Busin	ess Filings Incorporated
8. The name, title or caps	ncity and address of the person(s) who l	has have authority to manage is/are:	
Manager: Denis House	r, 601 Office Center Drive Suite 300,	, Fort Washington, Pennsylvania 19034	
***************************************		+ 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
		<del></del>	<del></del>

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.

Denis Houser, Manager

Typed or printed name of signee

Signature of an authorized person