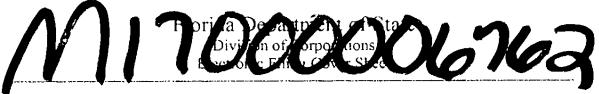
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002071563)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

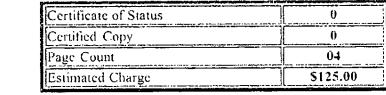
Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (614)280-3338 Fax Number: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### Foreign Limited Liability Company LEGACY ASSET MANAGEMENT, LLC



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\*\*\*PLEASE HONOR ORIGINAL DATE 08-07-17\*\*\*

850-617-6381

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19542080845 From: Ranae McGraw

## \*\*\*PLEASE HONOR ORIGINAL DATE 08-07-17\*\*\*



August 8, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: LEGACY ASSET MANAGEMENT, LLC

REF: W17000064718

We have received your document for LEGACY ASSET MANAGEMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name that you have chosen is not available. Please select a new name.

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.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: E17000207156 Letter Number: 317A00016084 .

#### COVER LETTER

ΓO:		
SIJB.JE	Legacy Asset Management, LLC	
	Name of Limited Liability Company	
he en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert e, and check are submitted to register the above referenced foreign limited liability company to transact business in	ificate of r Florida
case	ECT:	
	Sue Gallatin	
	Name of Person	
	LEGACY ASSET MANAGEMENT, LLC	
	Firm/Company	
	4717 CENTRAL ST	
	Address	
	KANSAS CITY, MO 64112	
	City/State and Zip Code	
	sgallatin@legacydevelopment.com	
	E-mail address: (to be used for future annual report notification)	
or fu	er information concerning this matter, please call:	
	Name of Contact Person Area Code Daytime Telephone Number	
	Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, Fl. 32314  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle	
inclos	□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certific	cate

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

IN COMPILANCE WITH SECTION 605 (MIZ. PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L LEGACY ASSET MANAGEMENT, 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.") 3. 46-0916646 (PEI number, if applicable) 2. Kansas (Jurisdiction under the law of which foreign limited liability company is organized) 07/01/2017 (Date first transacted business in Flurida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) THIS -7 HID: OF 4717 CENTRAL ST, KANSAS CITY, MO 64112 (Street Address of Principal Office) 4717 Central St, Kansas City MO 64112 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Registered Agents, Inc. Name: 1200 South Pine Island Road Office Address: Plantation 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 complywith 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 us registered agent. By: Janifar Vincent VP & Assistant Secretary (Registered agent'n signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Venture West II, LLC 4717 Central St. Kansas City, MO 64112 KOCO Ventures, LLC 14204 Bradshaw Street, Overland Park, KS. 66221 25% Owner 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 outh of the translator must be submitted) Signiture 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. Chuck Ogleshy Member of KOCO Ventures, LLC

Tyres or priviled name of signee

# STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACII

1, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6692248

Entity Name: LEGACY ASSET MANAGEMENT, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: NATIONAL REGISTERED AGENTS, INC. OF KS

Registered Office: 112 SW 7th Street Suite 3C, TOPEKA, KS 66603

was filed in this office on August 30, 2012, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of July 21, 2017

KRIS W. KOBACH SECRETARY OF STATE

King W Folach

Certificate ID: 964320 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.