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To: Division of Corporations
Fax Number : (850)617-6383
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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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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2017 AUG -8 PM 4:00
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
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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. #: H17000207156
Letter Number: 317A00016084

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Asset Management, 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:

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)

For further information concerning this matter, please call:

Sue Gallatin at (816) 777-2856
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. LEGACY ASSET MANAGEMENT, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Flolam, 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. Kansas 3. 46-0916646
(Jurisdiction under the law of which foreign limited liability company is organized) (FET number, if applicable)

4. 07/01/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4717 CENTRAL ST, KANSAS CITY, MO 64112
(Street Address of Principal Office)

6. 4717 Central St, Kansas City MO 64112
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: National Registered Agents, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: Jennifer Vincent VP & Assistant Secretary
(Registered agent's 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 75% owner
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 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.

Chuck Oglesby Member of KOCO Ventures, LLC
Typed or printed name of signer

FILED
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DIVISION OF CORPORATIONS

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, 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

A handwritten signature in black ink that reads "Kris W. Kobach". The signature is written in a cursive style.

**KRIS W. KOBACH
SECRETARY OF STATE**

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