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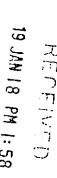
Office Use Only



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no M19-689





N. CAUSSEAUX JAN 2.3, 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	594788	157980A	
	AUTHORIZATION	:	Locals	Eleman	
	COST LIMIT	:	\$ 125.00	a must	
			- -		
ORDER DATE :	January 18, 2019				
ORDER TIME :	1:14 PM				
ORDER NO. :	594788-005				
CUSTOMER NO:	157980A				
					· -
	FOREIGN F	ILI	NGS		
NAME:	UF LEGACY COL	LEC'	TION, LLC		

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605-0902, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting busines	ss in Florida. The alternate name must include "Lim	uted Liability Company," "1,1,C," or "1,	 LC."1
Delaware	•	3. N/A		,
•	which foreign limited liability company is organized)		El number, if applicable)	
N/A				
	(Date first transacted business in Florida, if p	prior to registration)		
26 (A) 1 (A)	(See sections 605,6904 & 605,0905, F.S. to)	
26501 S. Tamiami Tr		6. 26501 S. Tamiami Tr	Bil ng Address)	_
Bonita Springs, Florid	a 34134	Bonita Springs, Florid	- ,	
. Name and street addre	ss of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	29.0	
Name:	Corporation Service Company		معا۔ سرئ	-
Office Address:	1201 Hays Street			
	Tallahassee	, Florida 3230	1	; 3
egistered agent's acces	(Cuy)	(.	Zip code)	
signated in this application comply with the provise	ition, I hereby accept the appointme ions of all statutes relative to the pr s of my position as registered agent Corporation Service Company	roper and complete performance of	o act in this capacity. I furt f my duties, and I am famili	her der
esignated in this applica comply with the provis nd accept the obligation	tion, I hereby accept the appointmetions of all statutes relative to the presention as registered agent Corporation Service Company By: Company Compan	ent as registered agent and agree to coper and complete performance of Emily	o act in this capacity. I furt I my duties, and I am famili Y Croft President	her der
esignated in this applica comply with the provis nd accept the obligation	ition, I hereby accept the appointmetions of all statutes relative to the prospersion as registered agent Corporation Service Company By:	ent as registered agent and agree to coper and complete performance of Emily	o act in this capacity. I furt I my duties, and I am famili Y Croft President	heir byr iar with
esignated in this applica comply with the provis- nd accept the obligation . The name, title or capa	ition, I hereby accept the appointmentions of all statutes relative to the prosecution as registered agent Corporation Service Company By: Registrate active and address of the person(s) when the person is the person of the p	ent as registered agent and agree to toper and complete performance of Emily Asst. Victor has/have authority to manage is/	o act in this capacity. I furt my duties, and I am famili y Croft e President	heir figr iar with
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Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UF LEGACY COLLECTION, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UF LEGACY

COLLECTION, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202106744

Date: 01-18-19

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