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t. ECT: _	egacy.Communication Gentur	es, LLC					
	Name of Limited Liability Company						
closed "/ nce, and	Application by Foreign Limite check are submitted to registe	ed Liability Company r the above reference	y for Authoriza ed foreign limi	ntion to Transact Busine ted liability company to	ess in Florida," Certifica o transact business in Flo		
return al	l correspondence concerning t	his matter to the fol	owing:				
	Becky Stamey						
		Name	of Person				
	Legacy Communication V	entures, LLC			201 TE		
		Firm	Company		TO E T		
	1088 Henson Drive				2019 MAR 26 PH SECRITARISEE, F		
		Α	ddress		mon 2		
	Hiawassee, GA 30546				PM 2: 37		
		City/State	and Zip Code				
	becky.stamey@lcvinc.com						
	E-mail ad	dress: (to be used fo	r future annua	report notification)			
ther info	rmation concerning this matte	r, please call:					
Becky	Stamey	•	706 t (994-5001			
	Name of Contact P		Area Code	Daytime Teleph	one Number		
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314			STREET ADDRESS Division of Corporati Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		
	ed is a check for the following make check payable to: FLO	-	ENT OF STA	TE			
	25.00 Filing Fee	0.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & 🗏 S	160.00 Filing Fee, Cert f Status & Certified Co		

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:

Legacy Communication	ventures, LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	y Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The al	lternate name must include "Limited Lial	bility Company," "L L C," or "LLC."		
Georgia 2.		3.	83-2411255			
(Inrisdiction under the law of wh	nich foreign limited hability company is organized)		(FEI number, if applicable)			
To Be Determined						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determ	registration ine penalty	i.) liability)			
1088 Henson Drive		6.	1088 Henson Drive			
(Street Address of I	Principal Office)	0.	(Mailing Add	(Mailing Address)		
Hiawassee, GA 30546			Hiawassee, GA 30546	201 TAL		
				9 HAR		
	, <u>, , , , , , , , , , , , , , , , , , </u>			88E		
7. Name and street address	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> a	acceptable)	PA C		
Name:	John M. McClane			2: 37 STATE LORIDA		
Office Address:	81 Pecan Run Course	_	<u> </u>			
	Ocala		34472 , Florida			
	(City)		(Zip cod	ic)		

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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]; Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Jeffery Dale Shope Name: Pamela R Dean Manager Manager Address: 1088 Henson Drive Address: 1088 Henson Drive Member **■**Member Hiawassee, GA 30546 Hiawassee, GA 30546 Authorized Authorized Person Person Other_ Other____ Other___ Other _ Name: ____ Natalie Riley Manager Manager Manager 718W Business Hwy 60 Member ■Member Dexter, MO 63841 Dexter, MO 6384 Authorized Authorized Person Person □ Other Other____ Other__ Other Name: _____ Manager Name: _____ Manager Address: _____ Member Address: Member ____ Authorized Authorized Person Person Other_ Other____ Other____ Other mportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonndexed individuals may be added to the index when filing your Florida Department of State Annual Report form. . Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath f the translator must be submitted)). This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ibmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Panila Y. Dear Pamela R. Dean

Typed or printed name of signee

Control Number: 10072400

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Legacy Communication Ventures, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16957835 Date Inc/Auth/Filed: 10/15/2010 Jurisdiction : Georgia Print Date : 03/25/2019

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State