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(Requestor's Name)

(Address)

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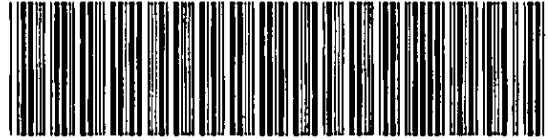
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGACY LANDSCAPE & OUTDOOR SERVICES 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:

SARAH R BRAUSCH, CPB
Name of Person
CAMDEN BOOKKEEPING & PAYROLL LLC
Firm/Company
PO BOX 5613
Address
ST MARYS, GEORGIA 31558
City/State and Zip Code
BOOKKEEPINGCAMDEN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH BRAUSCH at (912) 674-2035
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. LEGACY LANDSCAPE & OUTDOOR SERVICES LLC

(Name of Foreign Limited Liability Company, must include "limited liability company," "LLC," or "LLP.")

LEGACY LANDSCAPE AND OUTDOOR SERVICE LLC

2. Name (must include alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "limited liability company," "LLC," or "LLP.")

GEORGIA

85-3449257

2

3

(Jurisdiction under the law of which foreign limited liability company is organized)

(DTL number, if applicable)

11/01/2020

4

(Date first transacted business in Florida, if prior to registration)
(See section 605.090 & 605.0915, F.S. to determine penalty validity)

70 BRENTWOOD STREET

3415 BLACKFOOT LANE

5

6

(Street Address of Principal Office)

(Mailing Address)

KINGSLAND, GA 31548

MIDDLEBURG, FL 32068

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: DANA M WALLACE

Office Address: 3415 BLACKFOOT LANE

MIDDLEBURG

32068

(City)

Florida

(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.

Dana M Wallace

(Registered agent's signature)

7000 22 11 11

5. For initial indexing purposes, list names, titles or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total).

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>COURTLANDER WYRICK</u>	<input type="checkbox"/> Manager	Name <u>DANA M WALLACE</u>
<input checked="" type="checkbox"/> Member	Address <u>3415 BLACKFOOT LANE</u>	<input type="checkbox"/> Member	Address <u>3415 BLACKFOOT LANE</u>
<input checked="" type="checkbox"/> Authorized Person	<u>MIDDLEBURG, FL 32068</u>	<input type="checkbox"/> Authorized Person	<u>MIDDLEBURG, FL 32068</u>
<input checked="" type="checkbox"/> Other <u>PRESIDENT</u>	<u>Other</u>	<input checked="" type="checkbox"/> Other <u>VICE PRES</u>	<u>Other</u>
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<u>Other</u> _____	<input type="checkbox"/> Other _____	<u>Other</u> _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<u>Other</u> _____	<input type="checkbox"/> Other _____	<u>Other</u> _____

Important Note: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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).

10. 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.

Courlander Wyrick

 Signature of authorized person

COURTLANDER WYRICK

 Type or print name of signor

77961122-1158

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 LANDSCAPE & OUTDOOR SERVICES 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 : 19656102
Date Inc/Auth/Filed : 10/01/2020
Jurisdiction : Georgia
Print Date : 10/13/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State