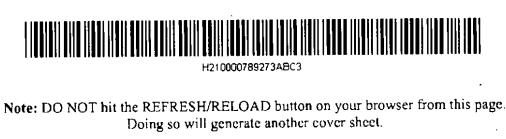
2021-02-25 15:38:29 CST Page; 2 of 5 2/25/2021

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.

(((H210000789273)))



To:

Division of Corporations

Fax Number : (850)617-6383

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 EQUINE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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Page: 3 of 5

	TON 605,0902, FLORIDA STATUTES, THE FOR SINESS INTRIE STATE OF FLORIDA:	LOWING IN SUBMITTED TO REGISTER A FOR	YEX AL LEMMEN (LABILITY
LEC	IACY EQUIN	E, LLC,	
(Name of Foreign t	imited Liability Company, must include "Limited I	Lability Company, "L.I. C., "or "ELC")	
(If name unavailable, exter alternate re	ime adopted for the purpose of transacting burners in Flori	ds. The alternate manie mass include "Limited Liability Com-	πραπγ." "L.L. C." or "LL C.")
Del	SINVÎ		
(Jurisdiction under the law of wh	uch foreign limited hability company is organized)	3. (FF number, if apple	able)
4	(Date first transacted huminess in Flurida, if prior to re- (See sections 602 0904 & 602 0905, F.9. to determine	gistration) penalty habitis)	
1111107 0	100 VC+ me TOW	1121101 Davidet	OF TOW
(Sucat Address of Principal Office)	resistance services	6. (Mailing Address)	<u> </u>
De Ivay Be	wett, FL	De Iray Beach	,FC
	33446	3.27	ILIA
<u></u>	33790	<u> </u>	γ γ ψ
7. Name and street address	5 of Florida registered agent: (P.O. Box	NOT acceptable)	
			3
Name:	C T Corporation System		***
	1200 South Pine Island Road		(3) 15 5
Office Address:			€1
	Plantation	33324 , Florida	- :
	(Cdy)	(Zip sode)	
designated in this applicate to comply with the provisi	gistered agent and to accept service of pr tion. I hereby accept the appointment as	rocess for the above stated limited liability registered agent and agree to act in this cand complete performance of my duties, a	apacity. I Jurther agree
17	C T Corporation System By:	Kilaglanding	
Ľ	(Registered agent's in	Kimberly Laughrey, A	sst. Secretary

* Page; 4 of 5

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]:

Fitle or Canacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Nume: Tracy THOMSON	□Manager	Nume:
Member	Address: 1416 2 PAVENTERE TER	□Member	Address:
_\ □Authorized	Delray Beach, PC	E Authorized	
Person	33446	Person	
□Other	[]Other	□Other	□ Other
□Manager	Name:	☐Manager	Name:
□Member	Address:	⊡Member	Address:
□Authorized	parameter to a political contraction of the contrac	□ Authorized	وي و در المرابع المرابع و در المرابع و المرابع
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

Important Notice: 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 Staty constitutes a third degree felony as provided for in s.817.155, F.S.

CY THUMSON



Page 1

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

DELAWARE, DO HEREBY CERTIFY "LEGACY EQUINE, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2021.

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

Authentication: 202597515

Date: 02-25-21