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### S. FRANKLIN

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**COVER LETTER** 

#### TO: Registration Section Division of Corporations

#### SUBJECT: Legacy Mortgage 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:

John Murdock			
Legacy Mortga	Name of Person age LLC		
	Firm/Company		
21379 Appleg	jrove Ct		
- <u></u>	Address	TALL	-
Ashburn, V	/A 20147	T III	
	City/State and Zip Code		
john@cityscape	emetro com	いた。	PH 9:03
	E-mail address: (to be used for future annual report notification)	<del>، ژائین</del> ۹ معنا <del>م</del> دنا	hà
_ John Murdock	at ( 703 ) 541-8659		
_ John Murdock	544.0050		
_John Murdock	at ( 703 ) 541-8659		
<u>John Murdock</u> Name o	at ( 703 ) 541-8659		
<u>John Murdock</u> Name o <u>Mailing Address:</u> Registration Section Division of Corporat	of Contact Person Area Code Daytime Telephone N		
Name o Mailing Address: Registration Section Division of Corporat P.O. Box 6327	at ( <u>703</u> ) <u>541-8659</u> of Contact Person Area Code Daytime Telephone N tions		
<u>John Murdock</u> Name o <u>Mailing Address:</u> Registration Section Division of Corporat	at ( <u>703</u> ) <u>541-8659</u> of Contact Person Area Code Daytime Telephone N tions		
John Murdock Name o Mailing Address: Registration Section Division of Corporat P.O. Box 6327	at ( <u>703</u> ) <u>541-8659</u> of Contact Person Area Code Daytime Telephone N tions		

#### 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 REGISTERA. FOREXEN LIMITED LIABILITY COMPANYTOTRANSACTBUSINESSINTHE STATEOFELORIDA:

1. Legacy Mortgage LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

म	name unavailable, enter alternate name adopted for the purpose of transacting business in I	Farida. The	alternate nam	e must include "Limited Lia	bility Company," "L.L.C." of	
2	VA	3		(FEI numbe		
	(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI numbe	er, if applicable)	
4.	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detern					
					- 1	
5.	21379 Applegrove Ct Ashburn VA 20147 (Street Address of Principal Office)	6.	21379	Applegrove C	t Ashburn A	20147
				(Maning Autress)	NOV -	1.000
					<b>00</b>	
						$\bigcirc$
7.	Name and street address of Florida registered agent: (P.O. Box	: <u>NOT</u> a	ceptable)			
	Name: Registered Agents Inc		<u> </u>			
	Office Address: 7901 4th St. N STE 300	)				
	<u>St. Petersburg</u>		, F	lorida <u>33702</u>		

#### 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.

Bel	me
ittegistered agent's sig	hature)

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:	<u>Title or Capacity:</u>	Name and Address:	
Manager	Name:	Manager	Name:	
□Member	Address: 21379 Applegrove Ct	□Member	Address:	
Authorized	Ashburn, VA 20147	Authorized	Charlottsville, VA 22901	
Person		Person		
Other	🗆 🖸 Other	Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	Other	□Other		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
⊡Other	Other	Other	0ther	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Signature of an authorized per

John Murdock

Typed or printed name of signee

# Commonbrealth & Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Legacy Mortgage LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on October 2, 2020; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:



October 28, 2021

Bernard J. Logan, Clerk of the Commission

