

Florida Department of State

M23 000000095

Division of Corporations
Electronic Filing Cover Sheet

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((H22000365188 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GASKICK, STANTON, EARLY, P.A.
Account Number : 07535000152
Phone : (407)423-5203
Fax Number : (407)425-4105

****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
ET Legacy LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2023 JAN -3 PM 1:50

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AND
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Electronic Filing Menu

Corporate Filing Menu

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JAN 04 2023
K. Brumley



October 26, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GASDICK, STANTON, EARLY, P.A.

SUBJECT: ET LEGACY LLC
REF: W22000135302

We have received your document for ET LEGACY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

FAX Aud. #: H22000365188
Letter Number: 222A00023995

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COVER LETTER

TO: Registration Section
Division of Corporations
of Florida
ET Legacy LLC

SUBJECT: _____
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:

Ethan Gardner

Name of Person

Firm/Company

4425 Sage Drive

Address

Regina, SK, Canada, S4V 3L3

City/State and Zip Code

gardnerethan@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ethan Gardner

306

630-6408

at ()

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

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

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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:

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

E+ Legacy of Florida, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. 87-4360117
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5900 Balcones Drive STE 100 Austin TX 78731
(Street Address of Principal Office)

6. 5900 Balcones Drive STE 100 Austin TX 78731
(Mailing Address)

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

Name: Erin Prete

Office Address: 1601 W Colonial Dr

Orlando, Florida 32804
(City) (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.

(Registered agent's signature)

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STATE OF FLORIDA
CLERK OF THE COURT

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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):

<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:	Ethan Gardner		<input checked="" type="checkbox"/> Manager	Name:	Tevaughn Campbell	
<input type="checkbox"/> Member	Address:	4425 Sage Drive		<input type="checkbox"/> Member	Address:	61 Granville Drive	
<input type="checkbox"/> Authorized		Regina, SK, Canada, S4V 3L3		<input type="checkbox"/> Authorized		Courtice, ON, Canada, L1E 0E5	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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 State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Ethan Gardner

Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John B. Scott
Secretary of State

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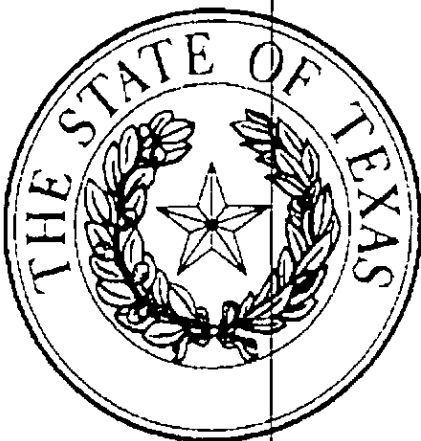
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ET Legacy LLC (file number 804361474), a Domestic Limited Liability Company (LLC), was filed in this office on December 23, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 02, 2022.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott
Secretary of State

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Come visit us on the internet at <https://www.sos.texas.gov/>

Phone: (512) 463-5555

Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services
Document: 1166396590003