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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

E	Address.			

### Foreign Limited Liability Company LEGACY EMPIRE ENTERPRISE LLC

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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:

Wyoming   3. 92-3795592	(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "E.L.C.," or "E.L.C.")		
(Durisdiction under the law of which foreign himitec hability company is organized)  4	(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liabilit	ty Company," "L.L.C," or "L1	.C.")
(Date first transacted business in Florida, if prior to registration.) (See sections 695,0904 & 695,0905; F.S. to determine penalty liability)  5. 7901 4th St N STE 300  (Multing Address)  St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc  Office Address:  7901 4th St N STE 300  St. Petersburg  Florida 33702  St. Petersburg  Florida 33702  St. Petersburg  Florida agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furt to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.	·		3. 92-3795592		
(See sections 693,0904 & 693,0904 F.S. to determine penalty liability)  5. 7901 4th St N STE 300  (Maining Address)  St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  Registered Agents Inc  Office Address:  7901 4th St N STE 300  St. Petersburg  St. Petersburg  Florida 33702	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if	applicable)	
(See sections 695,0904 & 695,0905, F.S. to determine penalty liability)  5. 7901 4th St N STE 300  Street Address of Pincipal Office)  St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  Registered Agents Inc  Office Address:  7901 4th St N STE 300  St. Petersburg  St. Petersburg  Florida 33702	ł	/Date tirst transacted humans in Florida, it prior to m	oistraton )	_	
St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  St. Petersburg  General Agents Inc  St. Petersburg  S		(See sections 605.0904 & 605.0905, F.S. to determine	penalty liability)		
St. Petersburg FL 33702  St. Petersburg FL 33702  St. Petersburg FL 33702  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc  Office Address:  7901 4th St N STE 300  St. Petersburg  St. Petersburg  Florida 33702  Cap code)  Registered agent's acceptance:  Waving been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiated accept the obligations of my position as registered agent.	,7901 4th St	N STE 300	<sub>6.</sub> 7901 4th St N STE 3	300	
Name:  Registered Agents Inc  Office Address:  The peters burg  St. Peters burg  Cony)  Registered agent and to accept service of process for the above stated limited liability company at the lexignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furtion comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.	Street Address of Principal Office)	······	(Mailing Address)		
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc  Office Address: 7901 4th St N STE 300  St. Petersburg  (Cny)  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 designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.	St. Petersbi	urg FL 33702	St. Petersburg FL 33	3702	
Office Address:  St. Petersburg  St. Petersburg  (Cny)  (Cny)  Florida  33702  (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furt to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.		- · · · · · · · · · · · · · · · · · · ·	NOT_acceptable)	2023 JUN -7	#C
St. Petersburg  (Cny)  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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furto comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.	Office Address:	7901 4th St N STE 300		72. PR	; (i
(Cny) (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furt to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.		St. Petersburg	Florida 33702		تكثر
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Dayle Xidores	Having been named as re designated in this applica to comply with the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a	registered agent and agree to act in th	his capacity. I furthe	r agre
		Dunk Popula		_	

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: LEGACY EMPIRE MANAGEMENT SERVICES LLC **X** Manager □Manager Name: □Member Address: □Member Address: 7901 4th St N STE 300 □ Authorized □ Authorized St. Petersburg FL 33702 Person Person □Other\_\_\_\_\_ □Other\_\_\_ Other Other □Manager □Manager Name: Name: Address: Address: □ Member □Member ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other Other □Other\_\_\_\_ Name: \_\_\_\_\_ □ Manager Name: □Manager □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. 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. Russian Ji-may
Signature of an authorized person

Typed or printed name of signee

Robin Jones

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### LEGACY EMPIRE ENTERPRISE LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 1, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001261729**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of June, 2023 at 11:55 AM. This certificate is assigned ID Number 061983835.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.