

M23000016000
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H23000435014 3)))



H230004350143ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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 MHRV SALES CS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED

2023 DEC 21 PM 4:20

FLORIDA
TALLAHASSEE
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

2023 DEC 21 PM 6:21

FILED

DocuSign Envelope ID: 368C9887-A044-4093-8B58-F9BC9D55C189

H23000435014 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEGACY MHRV SALES CS 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:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

cnorris@legacymhc.com

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

For further information concerning this matter, please call:

Name of Contact Person _____ at (855) 498 - 5500
Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

H23000435014 3

DocuSign Envelope ID: 36BC9887-A044-4093-8B58-F9BC9D55C189

H23000435014 3

**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. LEGACY MHRV SALES CS LLC

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

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

3.

(FBI 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. 32313 Broadway Street, Ste 101**

(Street Address of Principal Office)

6. 32313 Broadway Street, Ste 101

(Mailing Address)

Sebring, FL 33870

Sebring, FL 33870

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee

(City)

, Florida 32301

(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.*

Kim TadlockKim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

FILED
2023 DEC 21 PM 6:21
TALLAHASSEE, FL

H23000435014 3

DocuSign Envelope ID: 38BC9887-A044-4093-8B58-F9BC9D55C189

H23000435014 3

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 type="checkbox"/> Manager	Name: <u>Legacy Home Sales Member LLC</u>	<input type="checkbox"/> Manager	Name: <u>Andrew J. Fells</u>
<input checked="" type="checkbox"/> Member	Address: <u>32313 Broadway Street, Ste 101</u>	<input type="checkbox"/> Member	Address: <u>32313 Broadway Street, Ste 101</u>
<input type="checkbox"/> Authorized	<u>Sebring, FL 33870</u>	<input checked="" type="checkbox"/> Authorized	<u>Sebring, FL 33870</u>
Person	_____	Person	_____
<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"/> 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	_____

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.

DocuSigned by:

Andrew J. Fells65F234F1C88D452...
Registration ID: 65F234F1C88D452Andrew J. Fells

Typed or printed name of signee

H23000435014 3

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

LEGACY MHRV SALES CS LLC

ACC file number: 23617774

was incorporated under the laws of the State of Arizona on 12/14/2023, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 12/21/2023



A handwritten signature in black ink, reading "Douglas Clark".

Douglas Clark, Executive Director