(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name) (Address) (Address)	800425211488
Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP WAIT MAIL	03.408.4240.020014 **130.0
	Certified Copies Certificates of Status	
Office Use Only	Office Use Only	4: 02

## **COVER LETTER**

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#### TO: **Registration Section Division of Corporations**

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Legends of Florida, LLC

SUBJECT:

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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:

Please return all correspondence concerning this matter to	o the following:
Alan Light	
	Name of Person
Legends of Florida, LLC	
	Firm/Company
9907 E Bell Rd, Suite 110	
	Address
Scottsdale AZ 85260	
C	ity/State and Zip Code
alanjlight@gmail.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, please cal	D:
Alan Light	602 702-5955
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP	
□ \$125.00 Filing Fee	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2024

ALAN LIGHT 9907 E BELL RD STE 110 SCOTTSDALE, AZ 85260

SUBJECT: LEGENDS OF FLORIDA, LLC Ref. Number: W24000047320

We have received your document for LEGENDS OF FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 924A00006340

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

# 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:

Legends of Florida, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	<u> </u>
Cafe 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," "LLC," or "LLC.")

Arizona 2.	3	92-3259119	
2. (Jurisdiction under the law of w	bich foreign limited liability company is organized)	(FEI number, if	inpplicable)
4/10/2023			
7	(Date first transacted business in Florida, if prior to registratic (See sections 605.0904 & 605.0905, F.S. to determine penalt	n.) / lizbility)	
9907 E Bell Rd, Suite 5.	110 6.	9907 E Bell Rd, Suite 110	
(Street Address of Principal Office)	0.	(Mailing Address)	
Scottsdale AZ 85260		Scottsdale AZ 85260	
	<u></u>		
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT	acceptable)	horr h
Name:	Megan Light		2
Office Address:	103 Carlyle Dr		
	Palm Harbor FL	34683 , Florida	+: 02
	(City)	(Zip code)	ŢI

## 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 agens's signature)

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:	1	Name and Address:
🖬 Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	Scottsdale AZ 85255			
Person		Person		
Other	Other	DOther		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		<u> </u>
Person		Person		
Other	Other	Other	·	Dother
□Manager	Name:	□Manager	Name:	
Member	Address:	Member	Address:	· · · · · · · · · · · · · · · · · · ·
Authorized		Authorized		
Person		Person		
Other	🗋 Other	Other	<u></u>	   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.

	Lint	
	Signature of an authorized person	
Alan Light		ļ
	Typod or printed name of signee	
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