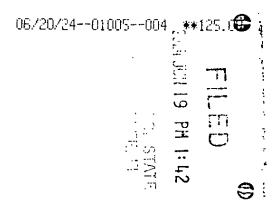
8608000PM

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
RECEIVED JUN 19 2024					

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800431759518



T. LEMIEUX

COVER LETTER

TO:

Registration Section

Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in			
turn all c	correspondence concerning this matter to	o the following:			
	Michael Lenzmeier				
		Name of Person			
	Legacy Building Solutions, LLC				
		Firm/Company			
	19500 County Road 142				
		Address			
	South Haven, MN 55382				
		ity/State and Zip Code			
1	mlenzmeier@legacybuildingsolutions.co				
_	E-mail address: (to be	used for future annual report notification)			
er inform	nation concerning this matter, please cal	ll:			
Michael Lenzmeier		320 258-0521 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: 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			

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:

(Fill number, if applicable) (Fill number, if applicable) [Inability] [19500 County Road 142 (Mailing Address) South Haven MN 55382
(Fl:Enumber, if applicable) n.) liability) 19500 County Road 142 (Mailing Address)
19500 County Road 142 (Mailing Address)
19500 County Road 142 (Mailing Address)
(Mailing Address)
•
South Haven MN 55382
* *
acceptable)

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.

Tyler Gates
(Registered agent'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:	Name and Address:
■Manager	Name: Eleanor Fox	■Manager	Name: Donald Faller
□Member	Address: 19500 County Road 142	□Member	Address: 19500 County Road 142
□Authorized	South Haven MN 55382	□Authorized	South Haven MN 55382
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
∏Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice:</u> 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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "LEGACY BUILDING SOLUTIONS, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED

OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF CONVERSION", FILED THE TWENTY-THIRD DAY OF

JANUARY, A.D. 2024, AT 7:27 O'CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE TWENTY-THIRD DAY OF JANUARY, A.D. 2024, AT 7:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "LEGACY BUILDING SOLUTIONS,

LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY
BUILDING SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF
JANUARY, A.D. 2024.



Authentication: 203486379

Date: 05-15-24





AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203486379

Date: 05-15-24