

M25000001268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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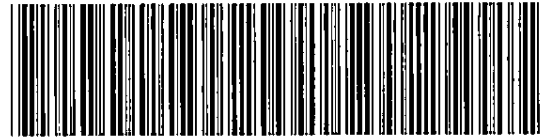
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
STATE OF NEW YORK

M. SOLOMON

JAN 29 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Capital Services 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:

Daniel Velocci, Esq.

Name of Person

Legacy Capital Services LLC

Firm/Company

10190 Covington Cross Drive, Suite 300

Address

Las Vegas, NV, 89144

City/State and Zip Code

danielv@elitelegalpractice.com

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

For further information concerning this matter, please call:

Daniel Velocci

303

513-1122

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. Legacy Capital Services 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 10190 Covington Cross Drive, Suite 300
(Street Address of Principal Office)

6. 10190 Covington Cross Drive, Suite 300
(Mailing Address)

Las Vegas, NV, 89144

Las Vegas, NV, 89144

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

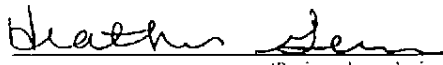
Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee 32312
(City) Florida (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.

 Heather Glenn on behalf of InCorp Services, Inc.
(Registered agent's signature)

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2025 JAN 14 AM 9:27
CLERK OF DISTRICT COURT
JACKSONVILLE

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:**

☒ Manager Name: Thom Hipke

☐ Member Address: _____

☐ Authorized 10190 Covington Cross Drive, Suite 300

Person Las Vegas, NV, 89144

☐ Other _____ ☐ Other _____

☐ Manager Name: Line 523 LLC

☒ Member Address: _____

☐ Authorized 2232 Dell Range Blvd, Ste 242-5118

Person Cheyenne, WY, 82009

☐ Other _____ ☐ Other _____

☐ Manager Name: Premier Internet Holdings, LLC

☒ Member Address: _____

☐ Authorized 680 S CACHE ST SUITE 10

Person Jackson, WY, 83001

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Dave Evans

☐ Member Address: _____

☐ Authorized 10190 Covington Cross Drive, Suite 300

Person Las Vegas, NV, 89144

☐ Other _____ ☐ Other _____

☐ Manager Name: Adaptive Holdings LLC

☒ Member Address: _____

☐ Authorized 2232 Dell Range Blvd, Ste 242-5118

Person Cheyenne, WY, 82009

☐ Other _____ ☐ Other _____

☐ Manager Name: Adsalient LLC

☒ Member Address: _____

☐ Authorized 3064 SILVER SAGE DR STE 150

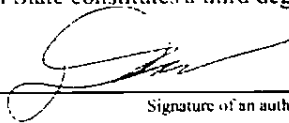
Person Carson City, NV, 89701

☐ Other _____ ☐ 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

Daniel Velocci, Esq.

Typed or printed name of signer

Attachment to include member below:

- ☐ Manager Name: Energize LLC
- ☒ Member Address: 195 HWY 50 STE 104
- ☐ Authorized Stateline, NV, 89449
- Person
- ☐ Other _____ Other _____

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2025 JAN 14 AM 9:27

SECRETARY OF STATE

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 Capital Services LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 7, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001220517**.

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 6th day of December, 2024 at 10:08 AM. This certificate is assigned ID Number 078815325.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

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

Attention To: Mel Salmon,
RE: W24000167972

Please see enclosed the resubmitted APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA for Legacy Capital Services LLC which has been revised by removing the date on number 4 since it has not yet transacted business in Florida. Payment for the filing fee has already been provided via check #126 with the initial submission in the amount of \$638.75.

Sincerely,

Daniel Velocci, Esq.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2024

DANIEL VELOCCI, ESQ.
LEGACY CAPITAL SERVICES LLC
10190 COVINGTON CROSS DRIVE, SUITE 300
LAS VEGAS, NV 89144

SUBJECT: LEGACY CAPITAL SERVICES LLC
Ref. Number: W24000167972

We have received your document for LEGACY CAPITAL SERVICES LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our office received the application and a check in the amount of \$638.75. Which would be the penalty fee of \$500.00 plus the annual report fee of \$138.75 for the date first transacted business in Florida of 2/7/23. This fee did not include the filing fee of the application of \$125.00. With this rejection the filing with the additional money would be received in 2025, therefore resulting in an additional annual report fee of \$138.75. The additional monies due is \$263.75.

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

Mel Solomon
Operations Manager A

Letter Number: 824A00028018

RECEIVED

JAN 14 2025