

P180000006936S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

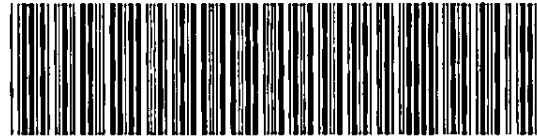
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100316639991

08/13/18- 00:17-016 *123.5.

FILED

18 AUG 13 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2018

T. SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations
Legacy Service Group, Inc.

SUBJECT: _____
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Allan Harkness

Contact Person

Legacy Service Group

Firm/Company

1965 A1A South, PMB 134

Address

Saint Augustine, FL 32080

City, State and Zip Code

allan@legacy-planning.org

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

For further information concerning this matter, please call:

Allan Harkness 904 679.4586
_____ at () _____

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
---	---	---	---

STREET ADDRESS:

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

MAILING ADDRESS:

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Legacy Service Group, LLC

618-154158

Enter Name of Other Business Entity

Limited Liability Company

2. The "Other Business Entity" is a _____
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

Florida

first organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

07/01/2018

on _____
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Florida (Unchanged)

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Legacy Service Group, Inc.

Enter Name of Florida Profit Corporation

08/10/2018

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
18 AUG 13 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 9th day of August, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Alan Harkness
Printed Name: Alan Harkness Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Alan Harkness

Printed Name: ALAN HARKNESS Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED
18 AUG 13 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Legacy Service Group, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
1260 N Ponce De Leon Blvd, Suite E
Saint Augustine, FL 32084

Mailing address, if different is:
1965 A1A South, PMB 134
Saint Augustine, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Legacy Service Group, Inc. is a holding company (or parent company) structured to own shares of other business entities
or any other real asset, tangible asset, or intellectual property, as directed by the Officers, Directors, and/or Shareholders
of the corporation. The corporation shall distribute Profit or loss interest to its shareholders according to
their fractional ownership of the corporation in accordance with applicable law.

ARTICLE IV SHARES

1,000,000.00

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allan Harkness / President

Address: 1965 A1A South, PMB 134
Saint Augustine, FL 32080

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: Gregory Nelson / Co-President

Address: 1499 Belvoir Lane NE
Byron, MN 55920

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
18 AUG 13 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

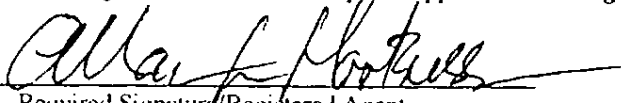
Name: Allan Harkness
Address: 1965 A1A South, PMB 134
Saint Augustine, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allan Harkness
Address: 1965 A1A South, PMB 134
Saint Augustine, FL 32080

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 08/08/2018
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. 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.

 8/8/18
Required Signature/Incorporator Date

FILED
18 AUG 13 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA