P22 000005047

(Reque	stor's Name)	
(Addres	ss)	
(Addres	SS)	
(City) (Ct	ate/Zip/Phone #)	
(City/St	aterzipienone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
• (Docum	ient Number)	
CodeFord Consider	O-46	0
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer	
		

Office Use Only



600376371666

12/21/21--01005--007 **25.00

01/27/22--01004--001 **80.00



LEGACY HOSPITALITY HOLDINGS LLC.



8451 Palm Parkway

Orlando, FL 32836

January 18th 2022

Hello Yasemin Sulker,

This letter is to confirm we had previously filed the wrong form to convert Legacy Hospitality Holdings LLC to Legacy Hospitality Holdings, Inc. A Benefit Corporation. Attached is the correct form and complete filing fees.

We would like to note that we'd like to ensure this will be a Benefit Corportation.

Also, we ask to keep the original submission and effective dates.

If you have any questions or concerns, please contact me at 845-467-0733 or samantha, migneco@legacyvacationresorts.com.

Samantha Josephine LaRocca Migneco

Executive Assistant

COVER LETTER

TO:	O: New Filing Section Division of Corporations		
SUBJ	ECT:	Legacy Hospitality H	oldings, Inc. A Florida Beriefit Corporation
CCD		Name of	Resulting Florida Profit Corporation
The e	nclosed Article into a "Florida	s of Conversion, Articles of Profit Corporation" in acc	of Incorporation, and fees are submitted to convert the following eligible cordance with ss. 607.11933 & 607.0202, F.S.
Please	return all corr	espondence concerning th	is matter to:
	Sa	amantha LaRocca Migr	neco
		Contact Person	
	Le	egacy Hospitality Holdings	s, Inc.
		Firm/Company	
	Р	O Box 690595	
		Address	
	Oı	rlando, FL 32869	
		City, State and Zip Cod	e
	samantha.	.migneco@legacyvacationres	sorts,com
	:-mail address:	(to be used for future ann	ual report notification)
For fu	rther information	on concerning this matter,	please call:
	Samantha La	aRocca Migneco	at (407) 997-2255
	Name of	Contact Person	Area Code and Daytime Telephone Number
Enclos	sed is a check f	or the following amount:	
⊠ \$10	95.00 Filing Fee	es □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy □\$122.50 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing ! Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Legacy Hospitality Holdings, LLC.
Enter Name of the Converting Entity
2. The converting entity is a Limited Liability Company LIN 0000 23568
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on February 24, 2011
Enter date "Converting Entity" was first organized, formed or incorporated.
 The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>: Legacy Hospitality Holdings, Inc. A Benefit Corporation
Legacy Hospitality Holdings, Inc. A Benefit Corporation



Signed this day of	lanuary	, 20	<u> 27</u> ,	
Required Signature for Florida Profit	Corporation:			
Signature of Director, Officer, or, if Direc	ctors or Officers have #UC Title:	not been selected	, 1	
Required Signature(s) on behalf of Corcompanies: [See below for required sign	verting Florida par		i partnerships, a	nd limited liability
Signature: Printed Name: Javed Meye	.,,	:Mem	bec	
Signature:				
Printed Name:	Title	:		
Signature:	-			
Printed Name:	Title	;		
Signature:		 -	_ _	
Printed Name:	Title	:	· · · · · · · · · · · · · · · · · · ·	
Signature:				
Printed Name:	Title	:		
Signature:				
Printed Name:				
If Florida General Partnership or Limit Signature of one General Partner.	ted Liability Partne	rship:		
<u>If Florida Limited Partnership or Limit</u> Signatures of <u>ALL</u> General Partners.	ted Liability Limited	1 Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Rep	resentative.			
All others: Signature of an authorized person.				
Fees: Articles of Conversion: Fees for Florida Articles of Incorp Certified Copy: Certificate of Status:	\$8.75			

\$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

AKTICLET	NAME	ou Llagaisaleu Halelinga Iva - A	Danash Caraaran'an	
The name of the	the corporation shall be: Legacy Hospitality Holdings Inc. A Benefit Corporation			
ARTICLE II	PRINCIPAL OFFICE			
The principal pla	ace of business/mailing address is:			
	Principal street address	У	Mailing address, if diffe	erent is:
8451 Pa	alm Parkway Orlando, FL 32836		P.O. Box 690595 Orland	o, FL 32869
ARTICLE III The numose for	PURPOSE which the corporation is organized i.	·		
	<u> </u>			
The pulpose of	f the Corporation shall include creati	ng a material positive imp	act on society and the	environment,
taken as a wh	nole, from the business and operation	ons of the Corporation ar	nd to engage in any la	wful business
that may be eng	aged in by a corporation, as such business	s activities may be determiner	d by the board of directors	from time to time.
-				
			-	
	<u> </u>			- F - E
 -				2021 JAN 21
ARTICLE IV	SHARES			(C)
The number of sh	nares of stock is: 100			P R
ARTICLE V	OFFICERS AND/OR DIRECTO	ORS		المارين 2: 0
Name and Title:	Jarod M. Moyors, Sparatory		Jared M. Meyers	s, Chairman
Address: _	8451 Palm Parkway Orlando, FL 32836	Address:	8451 Palm Parkway Or	lando, FL 32836
-				
Name and Title:	Jared M. Meyers, President	Name and Title:_	Jared M. Meyer	s, Director
Address: _	8451 Palm Parkway Orlando, FL 32836	Address:	8451 Palm Parkway Or	lando, FL 32836

Name and Title:	Kristi K. Meyers, Director	Name and Title:		
Address:	8451 Palm Parkway Orlando, FL 32836	Address:	·	
_				

ARTICLE The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name:	Jared M. Meyers	_
Address:	8451 Palm Parkway Orlando, FL 32836	-
		-
******	*********	********
Having bee this certific	en named as registered agent to accept se cate, I am familiar with and accept the ap	rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	M	1118/2022
	Required Signature/Registered Agent	Date

2021 JAN 21 PM 5: 04
CEARTERARY OF STREET
TALLAHASSEE, FL