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Florida Department of State
Division of Corporations
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From: Account Name : FASTKIT CORP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LEGACY CAPITAL ENTERPRISE, INC.

eps/12/10

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LEGACY CAPITAL ENTERPRISE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**7385 SW 123 TER.
PINECREST, FL 33156**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FINANCING MEDICAL EQUI PMENTS AND OTHER GENERAL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**PDT
FERNANDO SALVADE
7385 SW 123 TER
PINECREST, FL 33156**

**VP
MARIA ROMERO SALVADE
7385 SW 123 TER.
PINECREST, FL 33156**

**TREASURER
MARIA ROMERO SALVADE
7385 SW 123 TER.
PINECREST, FL 33156**

ARTICLE VI REGISTERED AGENT

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

**FERNANDO SALVADE
7385 SW 126 TER.
PINECREST, FL 33156**

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

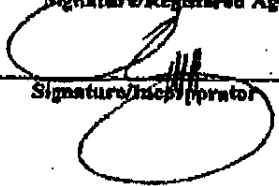
FERNANDO SALVADE
7385 SW 123 TER.
PINECREST, FL. 33156

.....

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 add in this capacity.



Signature/Registered Agent



Signature/Incorporator

5/10/10
Date

5/10/10
Date

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