

W22000001247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

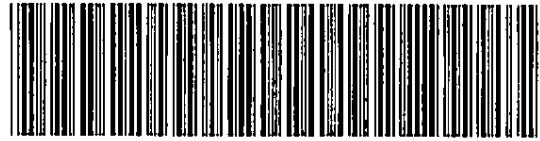
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2022 MAR -2 PM 6:46
S. FRANKLIN
MAR 2 - 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Our Legacies Corporation
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kim M Smith

Name of Person

Our Legacies Corporation

Firm/Company

29530 Waggle Drive

Address

San Antonio, FL 33576

City/State and Zip Code

kim@ourlegacies.org

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

For further information concerning this matter, please call:

Kim M. Smith

Name of Person

at (317)

Area Code

331-9589

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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FL

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Our Legacies Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 86-3692149
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/10/2021 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 29530 Waggle Drive, San Antonio, FL 33576
(Principal office street address)

(Current mailing address, if different)

8. Purpose of Our Legacies Corporation is to document, digitize and preserve generational legacies of people of African desc
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

for educational awareness and economic Empowerment

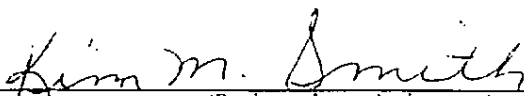
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kim M. Smith

Office Address: 29530 Waggle Drive
San Antonio, Florida 33576
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Kim M. Smith
☐ Vice Chairman Address: 29530 Waggle Drive
☐ Director San Antonio, FL
☒ President 33576
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Dr. Robyn S. Joppy
☐ Vice Chairman Address: 4965 Saddlebrook Dr
☐ Director Harrisburg, PA
☐ President 17112
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Mr. Lafayette G. Jones
☐ Vice Chairman Address: 51 E 4th St Apt 1702
☐ Director Winston-Salem, NC
☐ President 27101
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Rev. Tony R. Jackson
☐ Vice Chairman Address: 8116 S. Tryon Street
☐ Director Charlotte, NC
☐ President 28273
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dr. Herbert Harris
☐ Vice Chairman Address: P.O. BOX 302
☐ Director WILMINGTON, NC
☐ President 28401
☐ Vice President _____
☐ Secretary ☒ Other: Senior Legal Dir
☐ Other: _____

☐ Chairman Name: Apostle Ollie (OLIA) Alexander
☒ Vice Chairman Address: P.O. Box 1435
☐ Director Lancaster, SC
☐ President 29721
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: 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.

13. Kim M. Smith
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kim M. Smith - President
(Typed or printed name and capacity of person signing application)

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

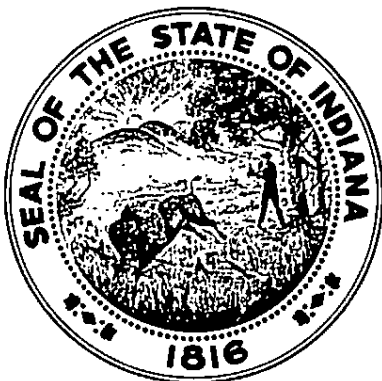
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

OUR LEGACIES CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 10, 2021, and was in existence or authorized to transact business in the State of Indiana on March 02, 2022.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 02, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

202106101497931 / 20222461789

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 01, 2022.

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