N04000004060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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04 APR 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: City of Legends Charities Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Sam McDowell, City of Legends
Name (Printed or typed)

151 E. Minnehaha Ave
Address

Clermont, FL, 34711
City, State & Zip

352-243-0343
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: City of Legends Charities J

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
151 E. Minnehaha Avenue, Clermont, FL 34711

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To raise monies to help children in need

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ARTICLE IV MANNER OF ELECTION
The manner in which the directors are elected or appointed:
Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS
List name(s), address(es) and specific title(s):
(1) Sam McDowell, President
(2) Dr. Mike Ray, Vice-President
(3) Nola Lingle, Sec./Tr.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The **name and Florida street address** of the registered agent is: Sam McDowell
City of Legends
151 E. Minnehaha Ave., Clermont, FL 34711

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Sam McDowell, City of Legends
151 E. Minnehaha Avenue, Clermont, FL 34711

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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.

Signature/Registered Agent Samuel E. McDowell — Date 4/14/04

Signature/Incorporator 151 E. Minnehaha Ave. Clermont, FL — Date 4/14/04

Samuel E. McDowell 34711