

No4000004060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

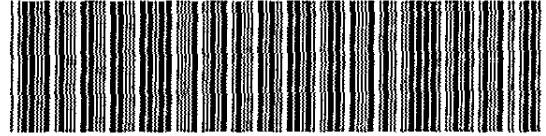
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900032940159

04/19/04--01072--023 **87.50

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

OK 4/23

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

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

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:

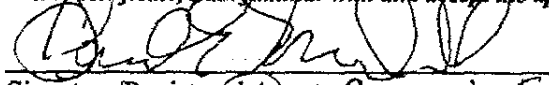
Sam McDowell
City of Legends
151 E. Minnehaha Ave., Clermont, FL 34711

ARTICLE VII INCORPORATOR

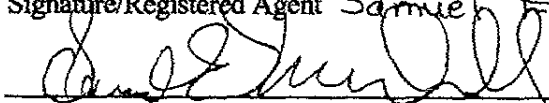
The name and address of the Incorporator is:

Sam McDowell, City of Legends
151 E. Minnehaha Avenue, Clermont, FL 34711

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

4/14/04
Date


Signature/Incorporator Samuel E. McDowell
151 E. Minnehaha Ave.
Clermont, FL 34711

4/14/04
Date