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Division of Corporations

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JAN 27 6

FLORIDA PROFIT/NON PROFIT CORPORATION LEGACY YOUTH SPORTS, INC.

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COVER LETTER

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

UBJECT: LEGACY TO	OUTH SPORTS, INC. (PROPOSED CORP	orate name – <u>Must in</u>	CLUDE SUFFIX)	
inclosed is an original a	nd one (1) copy of the Art	deles of Incorporation and	a check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fœ & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Harold L. Downing	me (Printed or typed)	_	
	501 South New York Avenue, Suite 220		_	
	Winter Park, Florida 32789	Address		
		City, State & Zip		

407 960 5927

hdowning@haldowninglaw.com

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

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

Daytime Telephone number

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

	NAME the corporation shall be: LEGACY YO		100 m
RITCLED	PRINCIPAL OFFICE		77.37
667	Principal <u>street</u> address: 2 Cherry Grove Circle	Mailing address, if different is:	,
		6672 Cherry Grove Circle	7.1 m
Orl	ando, Florida 32809	Orlando, Florida 32809	
			75
RTICLE II	II PURPOSE		······································
he purpose	for which the corporation is organized	is: organizing and conducting youth sports activities; and,	<u></u>
nentoring, t	utoring and providing guidence to yout	th to develop life skills.	
			
			(
omer e n	WANTED OF ELECTION TO		· · · · · · · · · · · · · · · · · · ·
		e manner in which the directors are elected and appointed:	(
	V MANNER OF ELECTION The sall be as stated in the b		
			
ah		bylaws.	<u> </u>
ah	all be as stated in the b	IRECTORS	
sh	all be as stated in the b	bylaws.	
sh RTICLE V	all be as stated in the b	Vive Nacia Director	
sh RTICLE V	all be as stated in the base of the state of	Name and Title: Yves Ngoje, Director	
sh RTICLE V	all be as stated in the building of the buildi	Name and Title; Yves Ngoje, Director Address: 239 Windrose Drive	
sh RTICLE V Name and T: Address	INITIAL OFFICERS AND/OR Dittle: Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 Shella Martin	Name and Title: Address: Orlando, Florida 32824	
Shearne and Ti	INITIAL OFFICERS AND/OR Dittle: Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 Shella Martin	Name and Title: Address: Orlando, Florida 32824 Name and Title:	
Shearne and Ti	INITIAL OFFICERS AND/OR District. Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 Shella Martin	Name and Title: Address: Orlando, Florida 32824	
sh RTICLE V Name and T Address Name and T	INITIAL OFFICERS AND/OR Divide: Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 inle: Shella Martin 2500 Merchants Row	Name and Title: Address: Orlando, Florida 32824 Name and Title:	
Shame and Ti	INITIAL OFFICERS AND/OR Districts: Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 Shella Martin 2500 Merchants Row Apartment 54 Tallahassee, Florida 32311	Name and Title: Address: Orlando, Florida 32824 Name and Title: Address: Address:	
Sherricle v Name and Ti Address Name and Ti Address	INITIAL OFFICERS AND/OR Districts: Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 Shella Martin 2500 Merchants Row Apartment 54 Tallahassee, Florida 32311	Name and Title: Address: Orlando, Florida 32824 Name and Title:	
Name and Ti	INITIAL OFFICERS AND/OR Districts: Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 Shella Martin 2500 Merchants Row Apartment 54 Tallahassee, Florida 32311	Name and Title: Address: Orlando, Florida 32824 Name and Title: Address: Name and Title: Name and Title:	
ARTICLE V Name and Ti Address Name and Ti	INITIAL OPFICERS AND/OR District. Ozel Martin, Director 6672 Cherry Grove Circle Orlando, Florida 32809 itle: 2500 Merchants Row Apartment 54 Tallahassee, Florida 32311 itle:	Name and Title: Address: Orlando, Florida 32824 Name and Title: Address: Name and Title: Name and Title:	

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jan. 27. 2016	3 11:30AM (((H16000008861 3)))	No. 2204	P. 4
Name and Title:_		Name and Title:		
Address _		Address:		
Name and Title:_ Address				
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT ac	oceptable) of the registered agent is:		
Name:	Harold L. Downing	<u> </u>		
Address:	501 South New York Avenue,	Suite 220		
	Winter Park, Florida	32789		
ARTICLE VII The name and ac	INCORPORATOR Idress of the Incorporator is:			
Name:	Ozel Martin			
Address:	6672 Cherry Grove Ci	ircle		
	Orlando, Florida 3280	09		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific	and cannot be more than five by	NAL) seiness days prior or 90 bu:	siness days
	inserted in this block does not meet the tive date on the Department of State's r		ments, this date will not be li	sted as the
Having bean nat certificate, I am	med as registered agent to accept servi amiliar with and accept the appointmen	ice of process for the above stated at as registered agent and agres to	act in this capacity	
Dean	2428-		December 31.	2015
I submit this doc	Required Signature of Registe ument and affirm that the facts stated h at applicate constitutes a third degree felo	erein are true. I am aware that an	y faise information submitte	
1/2/	14	•	December 3L	2015
	Required Signature of In	corporator	Date	

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