

N17000007928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

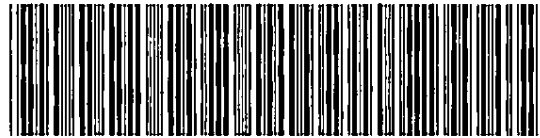
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/17-01038--002 **87.50

17 AUG - 1 AM 9:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 08/01/17

08/02/17

COVER LETTER

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

FOUNDATON FOR LEGACY PLANNING, INC.

SUBJECT: _____
(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: Allan Harkness

Name (Printed or typed)

1965 A1A South, PMB 134

Address

Saint Augustine, FL 32080

City, State & Zip

678.400.2131

Daytime Telephone number

pkwealth@gmail.com

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

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

FOUNDATON FOR LEGACY PLANNING, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1260 Ponce de Leon Boulevard Unit E

Saint Augustine, FL 32084

Mailing address, if different is:
1965 A1A South, PMB 134

Saint Augustine, FL 32080

ARTICLE III PURPOSE

WE PROVIDE EDUCATION AND CONSULTING SERVICES TO

The purpose for which the corporation is organized is:

DONORS WITH CHARITABLE INTENTIONS. OUR MISSION IS TO ASSIST DONORS WITH THEIR CHARITABLE

CONTRIBUTIONS SO THAT THEY MAY ACHIEVE THEIR VISION THROUGH THE EFFECTIVE PLANNING FOR

CHARITABLE GIVING. EDUCATION AND SERVICES SHALL INCLUDE DONOR ADVISED FUNDS, POOLED INCOME

FUNDS, CHARITABLE TRUSTS, CHARITY PROJECTS, AND CHARITABLE GIFT ANNUITIES AND/OR OTHER

CHARITABLE VEHICLES WHICH MAY BE LEGALLY AVAILABLE TO DONORS AND WHICH ARE STRUCTURED TO

MEET THE NEEDS AND CHARITABLE INTENTIONS OF THE DONOR.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

INITIALLY THE

DIRECTORS SHALL BE APPOINTED BY THE INCORPORATOR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALLAN HARKNESS

Address: 1965 A1A SOUTH, PMB 134
SAINT AUGUSTINE, FL 32080

Name and Title: MARGARET HARKNESS

Address: 1965 A1A SOUTH, PMB 134
SAINT AUGUSTINE, FL 32080

Name and Title: ALLISON HARKNESS

Address: 1965 A1A SOUTH, PMB 134
SAINT AUGUSTINE, FL 32080

Name and Title: MICHAEL CROUGH

Address: 1965 A1A SOUTH, PMB 134
SAINT AUGUSTINE, FL 32080

Name and Title:

Address:

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Allan Harkness

Name: _____

1965 AIA South

Address: _____

Saint Augustine, FL 32080

17 AUG - 1 AM 9:24
DEPARTMENT OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Allan Harkness

Name: _____

1965 AIA South, PMB 134

Address: _____

Saint Augustine, FL 32080

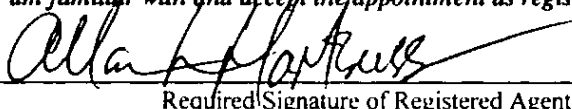
ARTICLE VIII EFFECTIVE DATE: August 1st, 2017

Effective date, if other than the date of filing: _____ (OPTIONAL)

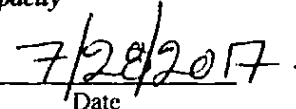
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature of Registered Agent

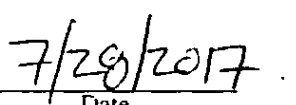


Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s817.155, F.S.



Required Signature of Incorporator



Date