

N19000003441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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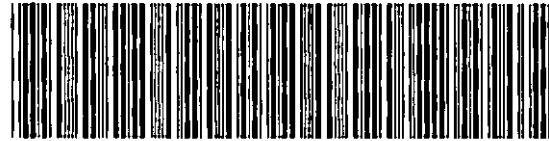
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** Erik's Legacy Foundation 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:** Mary Jensen  
\_\_\_\_\_  
Name (Printed or typed)

3070 W Cardinal St  
\_\_\_\_\_  
Address

Lecanto, FL, 34461  
\_\_\_\_\_  
City, State & Zip

352-287-9427  
\_\_\_\_\_  
Daytime Telephone number

erikslegacy@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

The name of the corporation shall be: Erik's Legacy Foundation, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
3070 W Cardinal St

Lecanto, FL, 34461

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this organization is exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt under section 501(c)3 of the internal revenue code, or the corresponding section of any future federal tax code and herein stated as follows: The specific purpose of this organization is to provide opportunities for children in our communities to build their confidence and self-esteem, promote health and wellness, and build strong relationships among peers and mentors. This is done by offering indoor & outdoor programs, community outreach, public awareness, and any other means necessary to further the goal to empower, inspire, and build confidence to improve the lives of children.

## ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as per bylaws

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Jensen, President/Treasurer

Address: 3070 W Cardinal St.  
Lecanto, FL, 34461

Name and Title: Christopher Hoxie, Officer

Address: 3070 W Cardinal St.  
Lecanto, FL, 34461

Name and Title: Michelle Bain, Secretary

Address: 2550 N Alafaya Trail #2206  
Orlando, FL, 32828

Name and Title:

Address:

Name and Title: Krissy Persavich, Officer

Address: 11077 Lightwood St.  
Spring Hill, FL, 34608

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAR 26 AM 10:06

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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:

Name: Mary Jensen  
Address: 3070 W Cardinal St  
Lecanto, FL, 34461

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: Mary Jensen  
Address: 3070 W Cardinal St  
Lecanto, FL, 34461

**ARTICLE VIII EFFECTIVE DATE:**

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*

Mary Jensen  
Required Signature of Registered Agent

3/20/2019  
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 s.817.155, F.S.*

Mary Jensen  
Required Signature of Incorporator

3/20/2019  
Date