N23000010237

(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:

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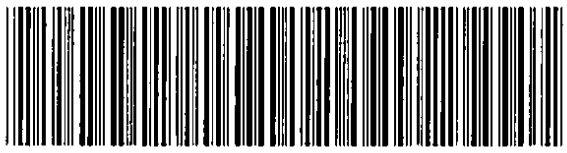

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COVER LETTER

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

SUBJECT: Car Legends Museum Incorporated
(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: Jeffrey Leibowitz
Name (Printed or typed)

2030 S Ocean Ave, Apt 824
Address

Hallandale Beach, FL 33009
City, State & Zip

631-921-1192
Daytime Telephone number

STACEY@ATLANTICAGENCY.COM
E-mail address: (to be used for future annual report notification)

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

2022 NOV 10 AM 8:28
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME
The name of the corporation shall be: Car Legends Museum Incorporated.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Jeffrey Leibowitz
2030 S Ocean Ave. Apt #24-2114
Hallandale Beach, FL 33009

Mailing address, if different to:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Not for Profit charitable organization

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed.
The directors are elected by a majority vote of the company's shareholders and board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Leibowitz, President
Address: 2030 S Ocean Ave. Apt #24
Hallandale Beach, FL 33009

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: JEFFREY LEIBOWITZ

Address: 2030 S OCEAN DR APT 2114
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR:
The name and address of the incorporator is:

Name: Jeffrey Leibowitz

Address: 2030 S Ocean Ave. Apt 2114
Hallandale Beach, FL 33009

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.

Jeffrey Leibowitz
Registered Signature of Registered Agent

8/16/22
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.

Jeffrey Leibowitz
Registered Signature of Incorporator

8/16/2022
Date

FILED
2022 NOV 10 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA