

N24000003012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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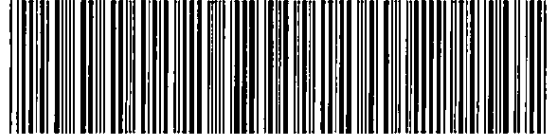
(Business Entity Name)

(Document Number)

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

ARTICLE I NAME

The name of the corporation shall be: MBG LEGACY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>505 SW 5TH AVE</u> <u>FLORIDA CITY, FL 33034</u>	Mailing address, if different is:
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ADDRESS FOOD INSECURITY AND PROVIDE BASIC NEEDS SERVICES TO INDIVIDUALS AND FAMILIES.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>LOVETT, BENNIE PVST</u>	Name and Title: _____
Address: <u>505 SW 5TH AVE</u>	Address: _____
<u>FLORIDA CITY, FL 33034</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	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: BENNIE LOVETT

Address: 505 SW 5TH AVE

FLORIDA CITY, FL 33034

ARTICLE VII INCORPORATOR

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

Name: BENNIE LOVETT

Address: 505 SW 5TH AVE

FLORIDA CITY, FL 33034

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.

Bennie Lovett
Required Signature of Registered Agent

2/1/2024
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.

Bennie Lovett
Required Signature of Incorporator

2/1/2024
Date