

TRANSMITTAL LETTER

PO00000001725

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

FILED
99 DEC 30 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Legacy Adventure Co.

(Proposed corporate name - must include suffix)

600003084506--3

-12/30/99-01060--006

*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MELISSA A. TORMALA
Name (Printed or typed)

2111 GARDNER RD
Address

ALVA FL 33920
City, State & Zip

(941) 728-3048
Daytime Telephone number

S. Thompson JAN 06 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Legacy Adventure Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1937 Grace Ave.
Ft. Myers, FL 33901

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John E. Stamps
1937 Grace Ave. Ft. Myers, FL 33901

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Melissa Ann Tormala
2111 Gardner Rd
ALVA, FL 33920

Melissa A. Tormala
Signature/Incorporator

11/16/99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

John E. Stamps CPA
Signature/Registered Agent

11.16.99
Date

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