# P0200036232

## TRANSMITTAL LETTER

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 02 MAR 28 PM 3: 01

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

000005174230--2 |-03/28/02--01034--004 | \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:

Leggett Enterprises, 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

\$78.75

Filing Fee Fili

Filing Fee

& Certificate of Status

**\$78.75** 

Filing Fee

& Certified Copy

\$87.50

Filing Fee.

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Laura Leggett

Name (Printed or typed)

PO Box 383

Address

Winter Haven, FL 33882

City, State & Zip

(863)299-5555

Daytime Telephone number

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

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# ARTICLE'S 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:

Leggett Enterprises, Inc.

### PRINCIPAL OFFICE

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

PO Box 383 Winter Haven, FL33882

#### ARTICLE III SHARES

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

50,000 Shares

## INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Laura Leggett 213 Inverness Way Winter Haven, FL 33881

### INCORPORATOR

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

Laura Leggett 213 Inverness Way Winter Haven, FL 33881

(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

Signature/Registered Agent