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

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	[[[]]]
*****70.00	*****70.00

SUBJECT: LEGACY OF MIAMI, INC.

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

□\$122,50

□ \$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARCOS V. MISHAAN
Name (Printed or typed)

12245 SW BG AVENUE

Miami; FL 33176 City, State & Zip

954 - 474 -9000 Davime Telephone number FILED
02 SEP 12 MI 9: 28
STATE
SECRETARY DE STATE

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

FILED

02 SEP 12 AM 9: 28

SECRETARY OF STATE TALLAHASSEE FLORIDA

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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

The name of the corporation shall be:

LEGACY of Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12245 SW 89 AVE Miami, FL 33176

ARTICLE III SHARES

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

IDO SHIRS.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARCOS Y. MISHAAN 12245 SW 89 AVE

INCORPORATOR

Miami FL 33176

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

MARCOS V. MISHAAN.
12245 SW B9 AVE

Miami, FL 33176

(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 agen

Signature/Registered Agent