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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

✓

gk/b

## TRANSMITTAL LETTER

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

SUBJECT: LEGACY STUCCO, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: OLIVIA SLOAN  
Name (Printed or typed)

1421 PENNSYLVANIA AVE  
Address

PALM HARBOR, FL 34683  
City, State & Zip

727-692-4576  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
LEGACY STUCCO, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
1421 PENNSYLVANIA AVE  
PALM HARBOR, FL 34683

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO OPERATE AS A CORPORATION IN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
OLIVIA SLOAN, PRESIDENT, SECRETARY, TREASURER  
JIMMY V SLOAN, VICE PRESIDENT  
1421 PENNSYLVANIA AVE  
PALM HARBOR, FL 34683  
(BOTH)

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

OLIVIA SLOAN  
1421 PENNSYLVANIA AVE  
PALM HARBOR, FL 34683

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

OLIVIA SLOAN  
1421 PENNSYLVANIA AVE  
PALM HARBOR, FL 34683

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

12/15/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/15/03  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA