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SECRET  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT: My Legacy 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee &  
Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy &  
Certificate

**From:**

John Gabrick  
Name (Printed or typed)

P.O. Box 2343  
Address

Winter Haven, Florida 33883-2343  
City, State & Zip

863-299-5657  
Daytime Telephone Number

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

## **ARTICLES OF INCORPORATION**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be: My Legacy Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

Physical address: 141 West Central Avenue, Suite 8, Winter Haven, FL 33880

Mailing address: P.O. Box 2343, Winter Haven, FL 33883-2343

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Estate and personal property Liquidation**

### **ARTICLE IV SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time: 100 Shares at \$1.00 par Value

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

List name(s), address(es) and Specific title(s):

**John Gabrick P.O. Box 2343, Winter Haven, FL 33883-2343, President**

**Patricia Gabrick P.O. Box 2343, Winter Haven, FL 33883-2343 Sec./Tres.**

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

John Gabrick 141 West Central Avenue, Winter Haven, Fl 33880

**ARTICLE VII INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

John Gabrick P.O. Box 2343, Winter Haven, Fl 33883-2343

141 West Central Ave., Winter Haven, Fl 33880

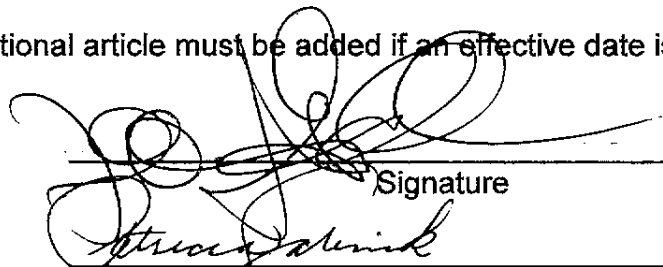
Patricia Gabrick P.O. Box 2343, Winter Haven, Fl 33883-2343

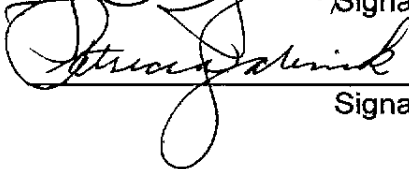
141 West Central Ave., Winter Haven, Fl 33880

The undersigned incorporator(s) has (have) executed these Articles of

Incorporation this 8th day of April, 2004.

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

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

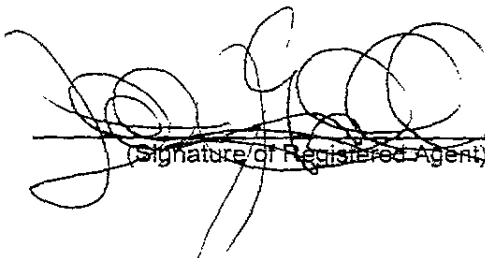
1. The name of the corporation is: My Legacy Inc.
2. The name and address of the registered agent and office is:

John Gabrick  
(Name)

141 West Central Avenue *Suite #8*  
(Address)  
(P.O. Box or Mail Drop **NOT** Acceptable)

Winter Haven, Florida 33880  
(City/State/Zip)

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 do 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 of Registered Agent)

*4/8/04*  
(Date)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA