# P04000170955

(Requestor's Name)  (Address)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Fitorie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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12/22/04--01009--003 \*\*78.75

FILED

04 DEC 22 PH 3: 23

SECRETARY OF STATE

Office Use Only

1222

# TRANSMITTAL LETTER

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

SUBJECT:EIR	Legacy Inc.	TE NAME - MUST INCL	HINT SHITNIVA	
	(I KOI OSED COKI OK	TE NAME - MOST INCL	ODE SUFFIX)	
F14	1-111	י ז פי יי		
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00	<b>☑</b> \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Philippe Malhao			
T.ROW	Name (Printed or typed)			
	12609 Westfield Lakes Circle Address			
		Address		
	Winter Garden, Florida 3478	7		
عا ميسا		, State & Zip		
	·	-		
_	(407) 334-5778			
•	Daytime *	Telephone number		

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

APPRUVEU AND FILED

#### ARTICLES OF INCORPORATION

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

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# ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE IALLAHASSEE. FLORIDA

Elite Legacy Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 12609 Westfield Lakes Circle Winter Garden, Florida 34787

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting, management, and all other activities which are lawful for corporations in the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Philippe Malhao 12609 Westfield Lakes Circle Winter Garden, Florida 34787

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Philippe Malhao 12609 Westfield Lakes Circle Winter Garden, Florida 34787

*****************	*************
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as register	for the above stated corporation at the place designated in this ed agent and agree to act in this capacity
The Mile	12/16/04
Signature/Begistered Agent	Date
1 Mil Mille	12/16/04
Signature/Incorporator	Date