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COVER LETTER

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

SUBJECT: Legacy Marketing Associates INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
(Printed or typed)	
IC Address	*
State & Zip	· · · · · · · · · · · · · · · · · · ·
elephone number	<u>•·</u>
	Filing Fee & Certified Copy ADDITIONAL CO (Printed or typed)

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 Marketing Associates INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

220 SE Veranda Avenue Port St. Lucie, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manufacturer's representative firm

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wade Wojtylko, President 220 S.E. Verada Avenue Port St. Lucie, FL 34983-2139

ARTICLE VI REGISTERED AGENT

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

Wade Wojtylko 220 SE Veranda Avenue Port St. Lucie, FL 34983-2139

ARTICLE VII INCORPORATOR

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

Wade Wojtylko 220 SE Veranda Avenue Port St. Lucie, FL 34983-2139

Having been named as registered agen) 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 A

Signature/Incorporator

Date |

SECRETARY OF STATE

Total C