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Berta M. Sanders, CPA

Requestor's Name

9550 NW 77 AVE. #3

Address

Hialech Gardens, FL 33016

City

State

Zip

Phone

305. 512. 3782 A

CORPORATION(S) NAME

LEGERIC SOLUTIONS, INC.

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

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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 – NAME**

The name of the corporation shall be:

**LEGERIC SOLUTIONS, INC.**

### **ARTICLE II – PRINCIPAL OFFICE**

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

**P.O. BOX 521311  
Miami, Florida 33152**

### **ARTICLE III – SHARES**

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

One hundred (100) shares; \$1.00 par value.

### **ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**F. SOTOLONGO  
7310 SW 5<sup>TH</sup> STREET  
MIAMI, FL 33144**

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## **ARTICLE V – INCORPORATOR**


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

**F. SOTOLONGO**  
**P.O. BOX 521311**  
**Miami, Florida 33152**

## **ARTICLE VI – DIRECTORS**

**F. SOTOLONGO**  
**P.O. BOX 521311**  
**Miami, Florida 33152**

The undersigned incorporator has executed these Articles of Incorporation this 21<sup>st</sup> day of September, 2005.

  
\_\_\_\_\_  
F. Sotolongo

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

Pursuant To the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the designation of the registered agent/registered office, in the State of Florida.

The name of the Corporation is: **LEGERIC SOLUTIONS, INC.**

The name and address of the registered agent and office is:

**F. SOTOLONGO  
7310 SW 5<sup>TH</sup> STREET  
MIAMI, FL 33144**

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 agent.

Signature:



Date:

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