

PO6000513818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

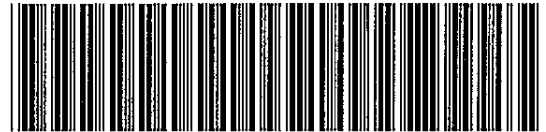
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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S. BRADSHAW SYSTEMS

COVER LETTER

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

SUBJECT: LEGACY APPRAISALS, 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: ALLEEN LASCALA  
Name (Printed or typed)

2700 CYPRESS ISLAND DR.  
Address

PALM BEACH GARDENS, FL 33410  
City, State & Zip

561-776-4933  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 APPRAISALS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

2700 CYPRESS ISLAND DR.  
PALM BEACH GARDENS, FL 33410

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PERSONAL PROPERTY APPRAISALS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

ALLEEN LASCALA  
2700 CYPRESS ISLAND DR.  
PALM BEACH GARDENS, FL 33410

**ARTICLE VI REGISTERED AGENT**

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

ALLEEN LASCALA  
2700 CYPRESS ISLAND DR.  
PALM BEACH GARDENS, FL 33410

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALLEEN LASCALA  
2700 CYPRESS ISLAND DR.  
PALM BEACH GARDENS, FL 33410

\*\*\*\*\*

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

*Alleen Lascala*

Signature/Registered Agent

1-24-2006

Date

*Alleen Lascala*

Signature/Incorporator

1-24-2006

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA