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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Legends Property Management & Services 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Cleon B. Williams Sr.  
Name (Printed or typed)

7913 Ramona St.  
Address

Miramar, Fl . 33023  
City, State & Zip

786-262-6188  
Daytime Telephone number

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:

Legends Property Management & Services Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7913 Ramona St. Miramar, Fl. 33023

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Legal Business

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cleon B. Williams CEO , President

Patricia A. Williams Vice President, Treasure

### ARTICLE VI REGISTERED AGENT

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

Cleon B. Williams  
7913 Ramona st.  
Miramar , Fl. 33023

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cleon B. Williams  
7913 Ramona st.  
Miramar , Fl. 33023

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

FILED

06 MAY 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-12-06  
\_\_\_\_\_  
Date

5-12-06  
\_\_\_\_\_  
Date