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

Office Use Only

EP 3/10/08

COVER LETTER

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

SUBJECT: LEGENDARY GOLF MANAGEMENT CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the	he articles	of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy ADDITIONAL COF	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FRОМ: <u>Ja</u>	ckie Jones	Name (Pri	nted or typed)		
•	3729 S Lecanto H	wy			
	Address				
<u> </u>	Lecanto	_ FI	3446	1	
		City, Stat	e & Zip		
, -	1-800-827-2344 Day	time Telep	hone 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:

LEGENDARY GOLF MANAGEMENT CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3729 S LECANTO HWY LECANTO, FL 34461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GOLF CLUB MANAGEMENT SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PAUL ANDREW WOOD FLOCKHART-PRES. CEO 3729 S LECANTO HWY LECANTO, FL 34461 SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
ON MAR -7 PH 12: 40

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: PAUL'ANDREW WOOD FLOCKHART 3729 S LECANTO HWY LECANTO, FL 34461

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is: PAUL ANDREW WOOD FLOCKHART 3729 S LECANTO HWY **LECANTO, FL 344641**

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 Date 3-608 Date Signature/Incorporator

PAUL ANDRUN WOOD