

FROM : LAZARUS
VISIT: LOT Corporations

FAX NO. 3052201440

No. 19 200 11:31 P1
https://eefl.com/scripts/erufvr.exe

P090000095145

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000243649 3)))



H090002436493ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LEGNA & ASSOCIATES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 2:20

APPROVED
AND
FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 NOV 19 PM 1:17

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : LAZARUS
500 617-6381

FAX NO. : 3052201440
11/19/2009 11:17:29 AM PAGE 1/001 Fax Server

Nov. 19 2009 01:31PM P2



November 19, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: LEGNA & ASSOCIATES CORP.
REF: W09000051132

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
Law Filing Section

FAX Aud. #: H09000243649
Letter Number: 509A00036030

FROM : LAZARUS

FAX NO. : 3052201440

APPROVED
AND
FILED
Nov. 19 2002 3:31PM P3

09 NOV 19 PM 2:20

H09000243649

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

LEGNA & ASSOCIATES CORP.

ARTICLE II - PRINCIPAL OFFICE

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

12209 SW 14 LN #1303
Miami FL 33184

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Castaneda
12209 SW 14 LN #1303
Miami FL 33184

H09000243649

FROM : LAZARUS

FAX NO. : 3052201440

APPROVED
AND
FILED
NOV 19 2009 01:31PM P4

09 NOV 19 PM 2:20

H09000243649 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

Maria Castaneda
12209 SW 14 LN # 1303
Miami FL 33184

The undersigned incorporator has executed these Articles of Incorporation this

20 day of October 2009.


Signature


ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Maria Castaneda
(President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

H09000243649