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# **COVER LETTER**

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

SUBJECT: Legi	ra Enterprises, Inc.		
~~~~ <u>~</u>	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	a check for:
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:		(Printed or typed)	
	3823 NW 95th Way	Address	
	Sunrise, FL 33351		
•	City,	State & Zip	
	954-266-8283		
	Daytime T	elephone number	· ·
<u>:</u>	sitegracewebdesign@gmail.com		
	E-mail address: (to be use	d for future annual report	notification)

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:

Legra Enterprises, Inc.

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# ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 3823 NW 95th Way Sunrise, FL 33351

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: To establish a business.

# ARTICLE IV SHARES

The number of shares of stock is: 10000

# <u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

List name(s), address(es) and specific title(s): Maria L. Legra 3823 NW 95th Way Sunrise, FL 33351 CEO

# ARTICLE VI REGISTERED AGENT

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

3823 NW 95th Way Sunrise, FL 33351

# **INCORPORATOR** ARTICLE VII

The name and address of the Incorporator is:

Maria L. Legra 3823 NW 95th Way Sunrise, FL 33351

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/Regis

Signature/Incorporator

07-26-10 Date

07-26-10 Date