

PI0000071547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

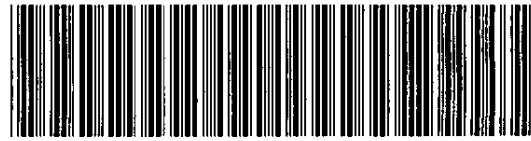
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*W10-38531*

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2010 AUG 30 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 31 2010

## COVER LETTER

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

**SUBJECT:** GLORIA'S LEGACY

(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:** BENNIE L LOVETT

Name (Printed or typed)

505 SW 5TH STREET

Address

FLORIDA CITY, FLORIDA 33034

City, State & Zip

305-298-0808

Daytime Telephone number

bennielovett@comcast.net

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2010

BENNIE L LOVETT  
505 SW 5TH STREET  
FLORIDA CITY, FL 33034

SUBJECT: GLORIA'S LEGACY INC  
Ref. Number: W10000038531

We have received your document for GLORIA'S LEGACY INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 910A00019615

**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:

GLORIA'S LEGACY INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

505 SW 4th Street Florida City, Fl 33034

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Group Home

**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):

Bennie Lovett  
Pres, VP,  
Sec, Treas

**ARTICLE VI REGISTERED AGENT**

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

Edwin Rivero, Certified Public Accountant  
329 West Palm Drive  
Florida City, Fl 33034 Phone (305) 248-4149  
Fax: (305) 248-2922

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Bennie Lovett  
505 SW 5TH AVENUE  
FLORIDA CITY, FLORIDA 33034

\*\*\*\*\*  
*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*

*Edwin Rivero*

Signature/Registered Agent

*08/26/2010*

Date

*Bennie Lovett*

Signature/Incorporator

8/26/2010

Date

FILED  
2010 AUG 30 PM 3:44  
STATE CLERK OF STATE  
TALLAHASSEE, FLORIDA