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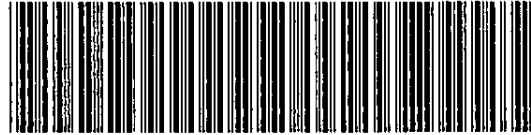
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 10 2011

W11-6040

COVER LETTER

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

SUBJECT: LEGS ENTERPRISES 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 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: LEONARD GELFOND

Name (Printed or typed)

9000 PARK BLVD. # 7

Address

SEMINOLE FLORIDA 33777

City, State & Zip

(927) 398-6371

Daytime Telephone number

Gelfond@TAMPABAY-RR.COM

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

STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

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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: 4 LEGS ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9000 PARK BLVD. #7
SEMINOLE, FL, 33777

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT (\$1.00) ONE DOLLAR PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONARD GELFOND Pres.

Address: 9000 PARK BLVD #7
SEMINOLE FL, 33777

Name and Title: _____

Address: _____

Name and Title: MILDRED GELFOND V. Pres.

Address: 9000 PARK BLVD #7
SEMINOLE FL, 33777

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mildred Gelfond
Address: 9000 PARK BLVD. #7
SEMINOLE FL, 33777

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONARD GELFOND
Address: 9000 PARK BLVD. #7
SEMINOLE FL, 33777

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

Mildred Gelfond
Required Signature/Registered Agent

JAN 28, 2001
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Leonard Gelfond
Required Signature/Incorporator

JAN 28, 2001
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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