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COVER LETTER

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

SUBJECT: LEGACY CONSULTING SERVICES 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: SALOMON DURAN

Name (Printed or typed)

4407 NW 6TH AVENUE

Address

POMPANO BEACH, FL, 33064

City, State & Zip

754-366-4193

Daytime Telephone number

BIGSAL518@GMAIL.COM

E-mail address: (to be used 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: LEGACY CONSULTING SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3844 LYONS RD APT 101
COCONUT CREEK, FL, 33073

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide Marketing and Sales Services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Salomon Duran - President
Address: 4407 NE 6th Avenue
Pompano Beach, FL, 33064

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Salomon Duran
Address: 3844 Lyons Rd Apt 101
Coconut Creek, FL, 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Salomon Duran
Address: 3844 Lyons Rd Apt 101
Coconut Creek, FL, 33073

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

Required Signature/Registered Agent

3-11-2011
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.

Required Signature/Incorporator

3-11-2011
Date