

P130000072986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

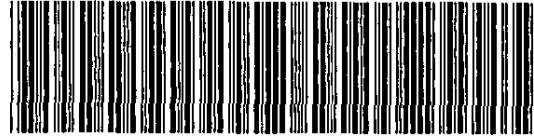
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/13--01016--010 **87.50

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13 AUG 30 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
9/5/13

COVER LETTER

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

SUBJECT: Tri Legacy 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: Ray J Granstrom
Name (Printed or typed)
12551 Golf Course Rd
Address
Parrish, FL 34219
City, State & Zip
941-773-5363
Daytime Telephone number
rjgranstrom@yahoo.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: Tri Legacy Enterprises, Inc

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ARTICLE II PRINCIPAL OFFICE
Principal street address

13 AUG 30 PM 3:31
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12551 Golf Course Rd
Parrish, FL 34219

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: sales and service

ARTICLE IV SHARES
The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ray J Granstrom

Name and Title: Tina Granstrom

Address: President

Address: Treasurer

12551 Golf Course Rd

12551 Golf Course Rd

Parrish, FL 34219

Parrish, FL 34219

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: _____	Name and Title: FILED
Address _____	Address: 13 AUG 30 PM 3: 31
_____	SECRETARY OF STATE
_____	TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

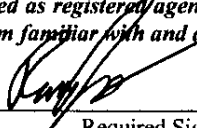
Name: Ray Granstrom
Address: 12551 Golf Course Rd
Parrish, FL 34219

ARTICLE VII INCORPORATOR

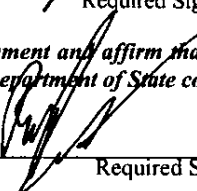
The name and address of the Incorporator is:

Name: Ray Granstrom
Address: 12551 Golf Course Rd
Parrish, Fl 34219

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

	<u>8/27/13</u>
Required Signature/Registered Agent	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.

	<u>8/27/13</u>
Required Signature/Incorporator	Date