

P14000017696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

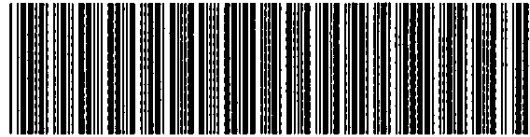
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 FEB 24 PM 2:40

14

COVER LETTER

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

SUBJECT: Legacy Alliance GH, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Gerald J. Kirkpatrick

Name (Printed or typed)

5200 SW 25th Blvd., Unit 2209

Address

Gainesville, FL 32608

City, State & Zip

352-256-3341

Daytime Telephone number

jerryk2209@aol.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)

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ARTICLE I NAME

The name of the corporation shall be: Legacy Alliance GH, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5200 SW 25th Blvd.

Unit 2209

Gainesville, FL 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is authorized to engage in any lawful business for which it is qualified.

ARTICLE IV SHARES 10,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerald J. Kirkpatrick, President and Director

Name and Title: _____

Address 5200 SW 25th Blvd.

Address: _____

Unit 2209

Gainesville, FL 32608

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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DIVISION OF CORPORATION
2014 FEB 24 PM 2:40

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

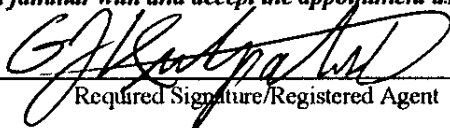
Name: Gerald J. Kirkpatrick
Address: 5200 SW 25th Blvd., Unit 2209
Gainesville, FL 32608

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Gerald J. Kirkpatrick
Address: 5200 SW 25th Blvd., Unit 2209
Gainesville, FL 32608

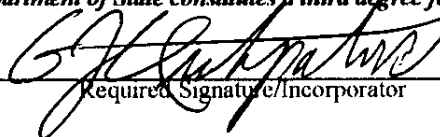
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

FEB 18, 2014
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

FEB 18, 2014
Date