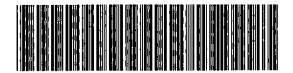
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)
(De	ocument Number)	
Certified Copies	Certificates o	f Status
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COVER LETTER

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

SUBJECT: B&	L Legacy, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	l 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 o Status
		ADDITIONAL COPY REQUIRE	
FROM:	Shawna Prior	e (Printed or typed)	
4	312 Dinner Lak	e Rd.	
		Address	
L	ake Wales, FL	33859	
	City,	State & Zip	
8	63-232-0287		•
	Daytime T	elephone number	
pı	riorshawna@aol.c		
	E-mail address: (to be use	d for future annual report r	intitication)

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)

The name of the corpor	ME B&L Legacy, Inc.	···				
	INCIPAL OFFICE Principal street address		Mailing address, if different is:			
Lake Wales						
We also have	the corporation is organized is: other products that we hope with the family hot sauce	e to bring to	nat is being the mark	g manu ket in t	ıfact	ured
				IAL SE(14	
	ITIAL OFFICERS AND/OR DIRECTOR		1 2 3	RETARY OF STATE AHASSEE, FLORIDA	MAY 19 AM 8: 43	FILED
Name and Tit	Shawna Prior - President 4312 Dinner Lake Rd. Lake Wales, FL 33859	Name and Title: Address:				
Name and Tith	Jeff Smith - Vice President 25220 Katie Dr. Picayune, MS 39466	Name and Title: Address:				
Name and Titl Address	Charity Smith - Secretary 4137 Stillwater Dr. Duluth, GA 30096	Name and Title: Address:				
						

Name and	Title:	Name and Title:	·
Address	· · · · · · · · · · · · · · · · · · ·	Address:	···
	-		
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) of Shawna Prior	the registered agent is:	
Address:	4312 Dinner Lake Rd.		.
	Lake Wales, FL 33859	ECRETA ALLAHA	·
ARTICLE VII	INCORPORATOR	SSET O	;
The name and add	iress of the Incorporator is:	<u> </u>	m D
Name:	Charity Smith	AM & 4 F STATE FLORIDA	
Address:	4137 Stillwater Dr.	00A	>
	Duluth, GA 30096		
	ed as registered agent to accept service of process m familiar with and accept the appointment as regi		lesignated in
Show	na Prior	5-9-20	214
	Required Signature/Registered Agent	Date	
I submit this docu document to the D	ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony	true. I am aware that the false information so y as provided for in s.817.155, F.S.	ıbmitted in a
(hints	2 Srift	5-12	- 2014
\smile	Required Signature/Incorporator	Dat	.e