

P 15000037785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

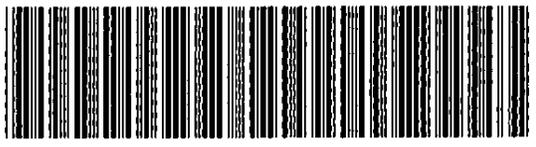
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900271345859

04/28/15--01007--026 **27.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR 28 AM 11:37
I DO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
FILED
15 APR 28 AM 11:17
STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

JS 4/28/15

APPROVED
AND
FILED

COVER LETTER

15 APR 28 AM 11:47

STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: T & M Legacy, 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: Ron Morris
Name (Printed or typed)
7493 NE Highway 41
Address
Williston, Florida 32696
City, State & Zip
478/298-3904
Daytime Telephone number
TMLEGACY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE

04/27/15

ARTICLE
AND
FILES

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: T & M Legacy, Inc.

15 APR 28 AM 11:47

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: FLORIDA

320 SW Twain Road

P. O. Box 172

Mayo, Florida 32066

Mayo, Florida 32066

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tamar M. Jones, President

Name and Title: Merlonda D. Jones, Vice-president

Address: 320 SW Twain Road

Address: 8432 97th Road

Live Oak, Florida 32064

Name and Title: Anthony Jones, Secretary

Name and Title: Ron Morris, Treasurer

Address: 1337 Green Moss Drive, Apt. A
Richmond, Virginia 23225

Address: 7493 NE Highway 41

Williston, Florida 32696

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

APPROVED
AUG

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 APR 28 AM 11:47

STATE OF FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Ron Morris
Address: 7493 NE Highway 41
Williston, Florida 32696

ARTICLE VII INCORPORATOR

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

Name: Ron Morris
Address: 7493 NE Highway 41
Williston, Florida 32636

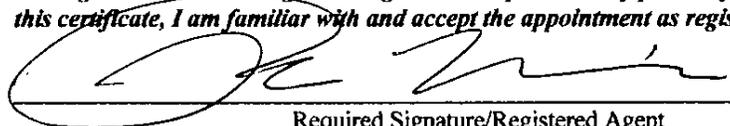
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 27, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

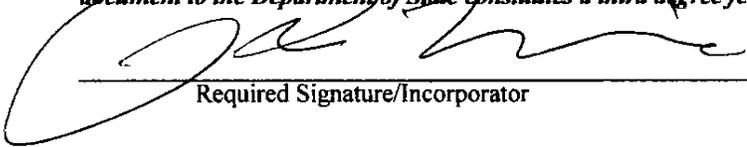
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

April 28, 2015
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

April 28, 2015
Date