

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000251035 3)))



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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA PROFIT/NON PROFIT CORPORATION
LEGENDARY LIVING CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

H15000251035

ARTICLE I NAME: The name of the corporation is:LEGENDARY LIVING CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8890 SW 133 PLACE UNIT BMIAMI, FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) JONAS R. CORELL**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

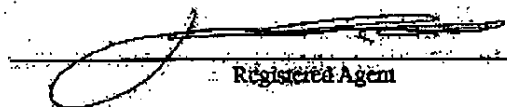
JONAS R. CORELL8890 SW 133 PLACE UNIT BMIAMI FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JONAS R. CORELL8890 SW 133 PLACE UNIT BMIAMI, FL 3318615 OCT 20 PM 6:44
FILED
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

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Required Signatures:

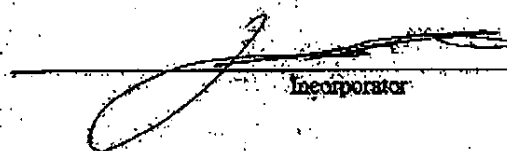
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

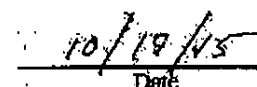


Registered Agent

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.



Incorporator

Date

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