

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000099011 3)))



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Division of Corporations
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16 APR 21 PM 3:52

SUNSHINE STATE
TALLAHASSEE, FLORIDAFLORIDA PROFIT/NON PROFIT CORPORATION
LEGACY HOME SOLUTIONS INC.

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

16 APR 21 PM 3:29

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/22/16

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H16000099011**ARTICLE I NAME**The name of the corporation shall be: Legacy Home Solutions Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5960 NW 99th Ave - #8Miami, Fl. 33178**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to buy distressed property in order to restore as sell them. We will also
be involved in private investing and wholesaling.

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: James Zuniga - PresidentName and Title: Susana Zuniga - V.P.Address 5960 NW 99th Ave - #8Address: 5960 NW 99th Ave - #8Miami, Fl. 33178Miami, Fl. 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: James Zuniga
Address: 5960 NW 99th Ave - #8
Miami, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JAMES Zuniga
Address: 5960 NW 99 Ave #8
MIAMI FL 33178

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
4-16-2016
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
4-16-2016
Date

H16000099011