

Division of Corporations

PLEASE HONOR ORIGINAL DATE 04-06-17\*\*\*

**P17000034839**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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17 APR 17 PM 3:10

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000030023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

# FLORIDA PROFIT/NON PROFIT CORPORATION

Legacy Enterprises, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 APR -6 PM 2:33

FILED

*04/18/17*

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W17-031394

**COVER LETTER**

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

**SUBJECT:** Redemption Enterprises, 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:** Jennifer DuRussel

Name (Printed or typed)

900 Merchants Courthouse, Suite 405

Address

Westbury, NY 11590

City, State & Zip

(888) 579-0286

Daytime Telephone number

ct-statecommunications@wolterskluwer.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)

**ARTICLE I NAME**The name of the corporation shall be: Redemption Enterprises, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3252 Watercress Ct.Wellington, FL 33414**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any legal activity / business management services**ARTICLE IV SHARES**The number of shares of stock is: 2,000 shares at \$.001**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Scott Kaczmarek, DirectorName and Title: Susan Kaczmarek, DirectorAddress 3252 Watercress Ct.Address: 3252 Watercress Ct.Wellington, FL 33414Wellington, FL 33414

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

17 APR -6 PM 2:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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: NRAI Services, Inc.  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Brent Buscay  
Address: 9120 Double Diamond Pkwy.  
Reno, NV 89521

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

NRAI Services, Inc.

By: \_\_\_\_\_

\_\_\_\_\_  
Required Signature/Registered Agent

04/17/2017

\_\_\_\_\_  
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

04/17/2017

\_\_\_\_\_  
Date