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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****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
DYNAMIC LEGACIES GROUP INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

N. SAMS
NOV 13 2018

ARTICLES OF INCORPORATION

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

ARTICLE I NAME DYNAMIC LEGACIES GROUP INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12410 BERKELEY SQUARE DRIVE

12410 BERKELEY SQUARE DRIVE

TAMPA , FL 33626

TAMPA , FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL STATE INVESTMENTS, RENTALS, LEASING

ARTICLE IV SHARES

The number of shares of stock is: 200 common shares \$1.00 par value / 2 Preferred shares \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOANNA M. INDUSTRIOSO- Director

Name and Title: _____

Address 12410 BERKELEY SQUARE DRIVE

Address: _____

TAMPA , FL 33626

Name and Title: DANIEL R. INDUSTRIOSO- Director

Name and Title: _____

Address 12410 BERKELEY SQUARE DRIVE

Address: _____

TAMPA , FL 33626

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: JOANNA M. INDUSTRIOSO
Address: 12410 BERKELEY SQUARE DRIVE
TAMPA , FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE BONO
Address: 267 SECOND AVE
BRENTWOOD NY 11717

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

X _____
Required Signature/Registered Agent

11/05/2018
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

11/05/2018
Date

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