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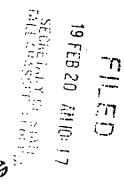
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T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Name Date Time UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retrie	Signature				Vehicle Search
Name 02/20/19 UCC 11 Search Name UCC 11 Retrieval Walk-In Will Pick Up Courier	<u></u>	 -			Driving Record
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	· · · · · · · · · · · · · · · · · · ·				Courier

COVER LETTER

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

SUBJECT:	Legacy Digital Group, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an or	iginal and one (1) copy of the ar	-	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: _		Rivlin, Esq. ne (Printed or typed)	
_	1550 Madruga	Avenue, Suite 120	<u> </u>
		les, FL 33146 , State & Zip	 ;
_		661-4600 Telephone number	
		rivlinpa.com ed for future annual repor	t 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: Legacy Digital Grou	p, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address 1550 Madruga Avenue Suite 120 Coral Gables, FL 33146	Mailing address, if different is:
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: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR. Name and Title: Address:	Name and Title:
Name and Title: Address:	Name and Title:Address:
Name and Title: Address:	Name and Title: Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: Mark L. Rivlin, P.A. 1550 Madruga Avenue, Suite 12 Coral Gables, FL 33146	the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mark L. Rivlin, P.A. Address: 1550 Madruga Avenue, Suite 12 Coral Gables, FL 33146	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	
Required Signature/Registered Agent	2/20/19 Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	
Required Signature/Incorporator	Date