

P190000 17311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

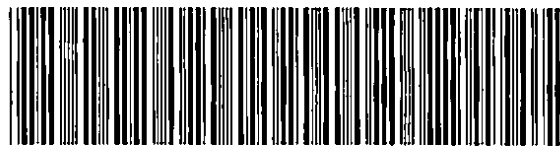
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/01/19--01002--001 \*\*320.00

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MAR 01 2019  
T SCHROEDER

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/28/2019

**\*\*WALK IN\*\***

ENTITY NAME LEGACY WINDOW COVERINGS, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

xxx \_\_\_\_\_

*Plain Copy*

\_\_\_\_\_  
*Certified Copy*

\_\_\_\_\_  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
*Certified Copy of Arts & Amendments*

\_\_\_\_\_  
*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 70.00

CHECK # 5836

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

# 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 Window Coverings, Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2260 S. Ferdon Blvd.

Crestview, FL 32536

## 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: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heather May Vaughn, Director

Address: PO Box 742  
Crestview, FL 32536

Name and Title: Heather May Vaughn, President

Address: PO Box 742  
Crestview, FL 32536

Name and Title: Heather May Vaughn, Vice-President

Address: PO Box 742  
Crestview, FL 32536

Name and Title: Heather May Vaughn, Secretary

Address: PO Box 742  
Crestview, FL 32536

Name and Title: Heather May Vaughn, Treasurer

Address: PO Box 742  
Crestview, FL 32536

Name and Title:

Address:

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TALLAHASSEE, FL 32310

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: Heather May Vaughn  
Address: 2260 S. Feron Blvd.  
Crestview, FL 32536

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Heather May Vaughn  
Address: 2260 S. Feron Blvd.  
Crestview, FL 32536

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**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*

Heather M. Vaughn  
Required Signature/Registered Agent

02/28/2019

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.*

Heather M. Vaughn  
Required Signature/Incorporator

02/28/2019

Date