

P21000024044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

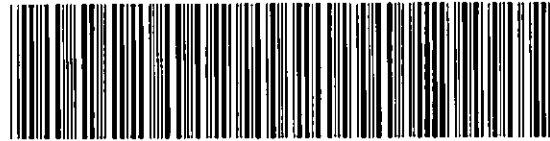
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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2021 MAR 17 PM 3:24

03-15-21- 0102-007 4-8-21



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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 03/17/2021

**xx**      **CERTIFIED COPY** \_\_\_\_\_  
☐      **PHOTOCOPY** \_\_\_\_\_  
☐      **CUS** \_\_\_\_\_  
**xx**      **FILING**      **ARTICLES** \_\_\_\_\_

1. Legacy Adventures Corp.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF INCORPORATION  
OF  
Legacy Adventures Corp.  
A Florida Profit Corporation**

In compliance with Chapter 607 and/or Chapter 621, Florida Statutes:

**ARTICLE I NAME**

The name of the corporation shall be Legacy Adventures Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business / mailing address is:

2591 Centerville Road Suite 101  
Tallahassee, FL 32308

**ARTICLE III PURPOSE**

The purpose(s) for which the corporation is organized is Business Services and for any lawful purpose(s).

**ARTICLE IV SHARES:**

The number of shares of stock the corporation shall be authorized to issue is 1,000,000 at \$0.00 par value per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

The name(s) of the initial officer(s); and/or the name(s) and address(es) of the initial director(s) are:

**Officers:**

**President:** John Louis Simmons

**Vice President:**

**Treasurer:** John Louis Simmons

**Secretary:** John Louis Simmons

**Directors:**

John Louis Simmons  
2591 Centerville Road Suite 101  
Tallahassee, FL 32308

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent are:

John Louis Simmons  
2591 Centerville Road Suite 101  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

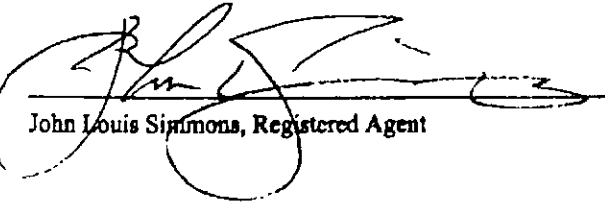
The name and address information of the incorporator is:

Carri Brown 26025 Mureau Rd Ste 120 Calabasas, CA 91302-3103




**Registered Agent Consent:**

*Having been named as registered agent and 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.*

  
John Louis Simmons, Registered Agent

3/16/2021  
Date

**Incorporator Signature**

  
Carri Brown, Incorporator

3-16-21  
Date

