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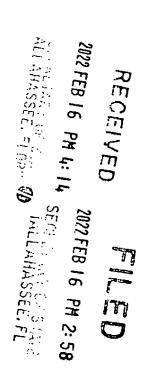
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer				





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02/17/22--01001--003 **70.00



COVER LETTER

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

SUBJECT: Legac	y RA Group Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy
	oc certificate of Status		& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: Te	eresa Fillmon Nam	e (Printed or typed)	
23	30 Clare Drive		
		Address	
<u>Ta</u>	llahassee FL 32309 City	, State & Zip	
85	0-524-5437	Celephone number	
	Daytime	retephone number	
Leg	gacyRAGroup@gmail.com		
	E-mail address: (to be use	d for future annual report r	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 corporate	ion shall be: Legacy RA Group Inc.		
ARTICLE II PRINC	<i>IPAL OFFICE</i> Principal <u>street</u> address	2330 Clare	Mailing address, if different is: e Drive, Tallhassee, FL 32309
ARTICLE III PURPO The purpose for which the	SE registere recorporation is organized is:	d agent	
			2022 SE 14
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIA	ES stock is: 100 L OFFICERS AND/OR DIRECTORS	<u></u>	2022 FEB 16 PH 2: SECKLAHASSEE.
	Teresa Fillmon , director	_ Name and Title	· · · · · · · · · · · · · · · · · · ·
Address	2330 Clare Drive, Tallhassee, FL 32309	_ Address:	2330 Clare Drive, Tallhassee, FL 32309
Name and Title:		Name and Title	
Address		Address:	
Name and Title:		Name and Title	:
Address		Address:	
		_	

Name and T	tle:	Name and Title:	
Address		Address:	
			
	GISTERED AGENT la street address (P.O. Box NOT acceptal	ala) of the registered great is:	
	eresa Fillmon	ne) of the registered agent is.	
_	2330 Clare Drive, Tallhassee, F	L 32309	
-			
<u>ARTICLE VII - IN</u>	CORPORATOR		
	ess of the Incorporator is:		
Name:	Teresa Fillmon	.	
Address:	2330 Clare Drive, Tallhassee, F	L 32309	
ARTICLE VIII EI	FECTIVE DATE: 02/16/2022 er than the date of filing:	(OPTIO	NAL)
(If an effective date filing.)	is listed, the date must be specific and	cannot be more than five d	ays prior or 90 days after the
Note: If the date ins	erted in this block does not meet the appl tive date on the Department of State's rec	icable statutory filing require cords.	ements, this date will not be listed a
Having been named certificate, I am fam	as registered agent to accept service of pro liar with and accept the appointment as re	cess for the above stated corp gistered agent and agree to a	poration at the place designated in to act in this capacity
Jeres	Required Signature/Registered Ager	.,1	2/16/22 Date
I submit this docum document to the Dep	required Signature Registered Ager ent and affirm that the facts stated herei artment of State constitutes a third degree	n are true. I am aware that	the false information submitted in 17.155, F.S.
Teri	m Elter		2/16/22
Required Signature/	ncorporator		Date