lectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please. **

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France	ונו	Address.

FLORIDA PROFIT/NON PROFIT CORPORATION LEGACY ADV, CORP

Certificate of Status	0
Certified Copy	1
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Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFF	ICE:
The principal street address and mailing a	
15211 SW 150+h St A	
CLE III SHARES: The number of shares of stock	kis: 100
ARTICLE IV INITIAL DIRECTORS AND	<u> OR OFFICERS:</u>
Jordan Luis Revez (P)	
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	<u></u>
	<u>:</u>
TCLE V INITIAL REGISTERED AGENT AN	
ume and Florida street address (PO Box not acceptable	
15211 SW 150th 5+	
Miami, Fl 33196	
CLE VI INCORPORATOR: The name and add	ress of the Incorporator
#F	,
Fordan Luis Rerez	

Required Signatures:

3052201440

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

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.

> Incorporator Date