

P23000037162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

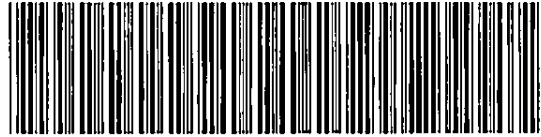
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 MAY 10 AM 8:53
TALLAHASSEE, FLORIDA

05/10/23--01003--006 **70.00

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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: CAT 5/10

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** INC _____

1. LEGACY LIVING EMPIRE INC.
(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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Legacy Living Empire Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3500 SW 19th Ave Apt 221
Gainesville, FL 32607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For sole use of Amway.

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Peterson Louis, Director</u>	Name and Title:	_____
Address	<u>3500 SW 19th Ave Apt 221</u>	Address:	_____
	<u>Gainesville, FL 32607</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Peterson Louis

Address: 3500 SW 19th Ave Apt 221

Gainesville, FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peterson Louis

Address: 3500 SW 19th Ave Apt 221

Gainesville, FL 32607

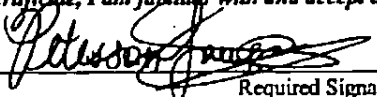
ARTICLE VIII EFFECTIVE DATE:

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




Required Signature/Registered Agent

05/08/23

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.



Required Signature/Incorporator

05/08/23

Date

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SEC. OF STATE
TALLAHASSEE