

P24000019763

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240001031523)))



H240001031523ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LEYENDA TRAVEL CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Account Request

T.J.H
3/20/24

2013 APR 20 11:10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Legend Travel Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3240 SW 50 THDAVIE FL 33314**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Rodolfo A Cuello (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Rodolfo A Cuello3240 SW 50 TH DAVIE FL 33314**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Rodolfo A Cuello3240 SW 50 TH DAVIE FL 33314RECORDED
FILED
MAR 20 2013
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

EIN: 99-1965782

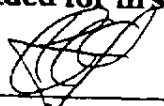
Required Signatures:

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



Registered Agent_____
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

FILED

MAR 20 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA