

P24 000020533
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
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Fax Number : (516)935-3088

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

Email Address: carmine@hfcpas.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
LEGACY RENOVATIONS & POOL SERVICE INC**

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

2024 MAR 22 PM 2:43

2024 MAR 22 PM 1:05

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LEGACY RENOVATIONS & POOL SERVICE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
11210 ORANGE HIBISCUS LANE
PALM BEACH GARDENS, FL 33418Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Lawful Purpose

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value
_____**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARK R LIONETTI

Name and Title: _____

President/Director

Address: _____

Address 11210 ORANGE HIBISCUS LANEPALM BEACH GARDENS, FL 33418
_____Name and Title: DAVID A LIONETTI

Name and Title: _____

Address Vice President/Director

Address: _____

144 NASHVILLE ROADBETHEL, CT 06801

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: MARK R LIONETTI

Address: 11210 ORANGE HIBISCUS LANE

PALM BEACH GARDENS, FL 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK R LIONETTI

Address: 11210 ORANGE HIBISCUS LANE

PALM BEACH GARDENS, FL 33418

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 MARK P. LIONETTI

Required Signature/Registered Agent

MARK R LIONETTI

March 21, 2024

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

Required Signature/Incorporator

MARK R LIONETTI

March 21, 2024

Date _____

2024.11

1:03

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