

# **Electronic Articles of Incorporation For**

P24000056790  
FILED  
September 03, 2024  
Sec. Of State  
fjeggleston

LEGACY WELLNESS SOLUTIONS INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

LEGACY WELLNESS SOLUTIONS INC.

## **Article II**

The principal place of business address:

5139 TANGERINE AVE S, UNIT 1  
GULFPORT, FL. US 33707

The mailing address of the corporation is:

5139 TANGERINE AVE S, UNIT 1  
GULFPORT, FL. US 33707

## **Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

The number of shares the corporation is authorized to issue is:

100000

## **Article V**

The name and Florida street address of the registered agent is:

WILLIAM GRIFFO  
5139 TANGERINE AVE S, UNIT 1  
GULFPORT, FL. 33707

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: WILLIAM GRIFFO

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## **Article VI**

The name and address of the incorporator is:

WILLIAM GRIFFO  
5139 TANGERINE AVE. S, UNIT 1  
  
GULFPORT FL 33707

Electronic Signature of Incorporator: WILLIAM GRIFFO

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: STD  
EILEEN CORNING  
5139 TANGERINE AVE S, UNIT 1  
GULFPORT, FL. 33707 US

Title: PD  
WILLIAM GRIFFO  
5139 TANGERINE AVENUE S, UNIT 1  
GULFPORT, FL. 33707 US