# P97000037242

# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	3		50000 -04/ ***	21477851 18/9701059001 **78.75 *****78.75
SUBJECT:	E GAC () roppised corporate n	AR - must include su	MS In	<i>C</i> ,
Enclosed is an original for :	\$78.75	\$122.50	\$131.25 Filing Fee,	d a check
Filing Fac	Kiling Fee & Certificate	Filing Fee & Certified Copy Additional Cop	Certified Copy & Certificate y Required	
FROM:		(printed or typed)	<u>WAIKE</u> R	<del>-</del>
	1760 Man	Address  14 120 K  ty, State & Zip	LIE 3.	3317
	959	1-19/-2 Telephone number	892	FILEI 97 APR 25 SECRETARY U
· ,	,			ED S PN 1:06 Y UP STATE SEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

W97-9132 conflict F916-104060



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 21, 1997

PATRICIA S. WALKER 1760 SW 69TH AVE. PLANTATION, FL 33317

SUBJECT: LEGACY FARMS, INC. Ref. Number: W97000009132

We have received your document for LEGACY FARMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

**Becky McKnight** 

Letter Number: 197A00020244

## TRANSMITTAL LETTER

97 APR 25 PH 1:07
SECRETARY OF STATE
TALL AHASSEE ELOPIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: LEGACY FOLPMS of South Abrida, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an origina	Land one (1) co	py of the articles of	incorporation and	d a check
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
PROM:	PATRICI Name	A S, WA/A (printed or typed)	KER	,
1 st HM	1760 S	Address	N.E	
/ RANISMIT!	Plant	Afrow i	C/ 333/	7
// (0	. Ci	ty, State & Zip	0 1	
( )			R 454-9	476-0486
	Davtime	Telephone number		

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME  The name of the corporation shall be:  LEGACY FARMS of South Floreway,  ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  1760 SW 69th ARE  Plantation, of 33317	SECRETARY OF STATE TALLAHASSEE, FLORIDA	97
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanditis:  IEM (10) Thousand Shares  ARTICLE IV INITIAL REGISTERED AGENT AND STREET AND	ng at any or	ne time
The name and address of the initial registered agent is:		

PATRICIA S. WALKER 1760 SW 69th AUE Planta HON, Pl 33317

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PATEICIA S CONTRER
1760 SW 69th RUE
DYANI FATION, Rt 33317

SEIMITER S. TORTONE
1760 SW 69 GA DUE
1760 SW 69 GA DUE
PRANTA FION, Rt 33317

MICHAELF. BOLTRER
120 BONAVENTURE BLUD #102
FORT LANDERDALE, Rt 33326

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of April , 19 97.

(An additional article must be added if an effective date is requested.)

 $XX_{\infty}$ 

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Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:	Legacy Facons of S	outh
	Floring, Onc.	
2. The name and address of the re	gistered agent and office is:	= <b></b>
$\bigcirc$ /	5 11 11	97 ALL
HTRICI	1A S WALKER	AR R
	(NAME)	25 SSE
1700	Sew 69th AVE	
(P.O.	. Box or Mail Drop Box NOT ACCEPTABLE)	TA LOR
Ann	LASIN C/ 33317	TE IDA
<del></del>	(CITY/STATE/ZIP)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Africia Swachen April 23 1997 (SIGNATURE) (DAVE)