P98000004179

Legacies unfimited

Incorporated

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

SUBJECT:

900002392419--5 -01/07/98--01049--013 *****78.75 *****78.75

Enclosed is an original	and one(1) copy of the article	es of incorporation and a	t check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO		
FROM:	Michael R. Olson		AN 14 ETAR 1 LANGE	
	Name (P	rinted or typed)	AM 12: 27	
	5970 Otter Creek	Court Address	ORIDATE A	
	Jacksonville, FL City,	32222 State & Zip		
~	(904) 783-4007 Daytime T	elephone number		

(Proposed corporate name - must include suffix)

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





The undersigned incorporator, for the purpose of forming a corporation under the Florid	la
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE I NAME

The name of the corporation shall be:

Legacies Unlimited Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5970 Otter Creek Court Jacksonville, FL 32222

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRE

The name and Florida street address of the initial registered agent are:

Michael S. Nimesheim 2144 Hugh Edwards Drive Jacksonville, FL 32210

<u>ARTICLE V INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation are:

Michael R. Olson 5970 Otter Creek Court Jacksonville, FL 32222

muchael Re Olano	
Signature/Incorporator	

January 6, 1998

Date

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

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

Signature/Registered Agent

January 6, 1998

Date