

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
P2500003310

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.

((H25000019186 3)))



H250000191863ABC%

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 : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****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
Bunchie Legacy Group Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Bunchie Legacy Group Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address7901 4th St NSTE 300St. PetersburgFL33702

Mailing address, if different is:

7901 4th St NSTE 300St. PetersburgFL33702**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

To engage in any lawful business activities permitted under the laws of the State of Florida, including but not limited to management, oversight, and ownership of subsidiaries across multiple industries such as entertainment, food, and service.

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Brittanni Marsh DPAddress: 7901 4th St NSTE 300St. PetersburgFL33702Name and Title: Brandon Marsh DPSTAddress: 7901 4th St NSTE 300St. PetersburgFL33702

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2025 JAN 16 PM 4:48

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Northwest Registered Agent LLC
 Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nat Smith
 Address: 7901 4th St N STE 300
St. Petersburg FL 33702

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

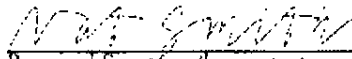


 Required Signature/Registered Agent

01/16/2025

 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

01/16/2025

 Date

2025 JAN 16 PM 4:48
 FILED
 18506176381