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.

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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

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Help

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

Principal street address	The name of the corpora  ARTICLE II PRING	CIPAL OFFICE							
STE 300 St. Petersburg St. Petersbur	Principal street address				7001	Mailing address, if different is:			
St. Petersburg FL 33702 St. Petersburg FL 33702  INTICLE 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.  INTICLE IV SHARES The number of shares of stock is:  100  INTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  7901 4th St N  STE 300  St. Petersburg FL 33702  Name and Title:  Address  Address:  Address  Name and Title:  Address  Name and Title:			_	<del></del>					
IRTICLE IV SHARES The number of shares of stock is: 100  IRTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Brittanii Marsh DP Name and Title: Brandon Marsh DPST  Address 7901 4th St N Address: 7901 4th St N  STE 300  St. Petersburg FL 33702  Name and Title: Name and Title: Address: Addres	St. Petersburg	FL	33702		<del></del>		FL	33702	
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Name a	and Title:	Name and Title:						
Address			·	Address:	*****************	***************************************	•	
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	REGISTERED AGENT Florida street address (P.O	Box NOT :	acceptable) (	of the registered agent is	<b>:</b> :			
Name:	Northwest Registered A			_				
Address:	7901 4th St N	7901 4th St N STE 300						
	St. Petersburg	FL	33702	_				
ARTICLE VII	INCORPORATOR							
The name and a	address of the Incorporator	is:						
Name:	Nat	Smith		_				
Address:	7901 4th St N	S	STE 300					
	St. Petersburg	FL	33702					
Effective date, i (If an effective filing.)  Note: If the dat the document's	f other than the date of filin date is listed, the date mute inserted in this block doe effective date on the Department as registered agent to a	ist be specifics not meet the	ic and canr he applicabl ite's records	ot be more than five e statutory filing requi	days prioi	his date wi	ll not be	listed as
	mea as registerea agent to be familiar with and accept th						aesignu	wa m m.
7 m/V-						01/16/2	2025	
	Required Signat	ure/Registere	ed Agent				Date	
	ocument and affirm that the Department of State const						on subn	itted in a
Note	NW GWATH					01/16/202	25	
Required Signal	fure/Incorporator			<del></del>	Date		2025 JAN 16	Gran Life Company
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