## TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314		
SUBJECT: BILL HIGGINS PAINTING, INC.  (Proposed corporate name - must include suffix)		
	7000032420971 -05/08/0001050002 *****78.75 *****78.75	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:		
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	□\$78.75 □ \$87.50  Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: WILLIAM HIGGINS  Name (Printed or typed)		
8322 WILLOWWOOD STREET  Address  City, State & Zip		
(407) 299-6594 Daytime Telephone number		

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

ARTICLES OF INCORPORATION	e ie ei
The undersigned incorporator, for the purpose of forming a corporation under the Florida  Business Corporation Act, hereby adopts the following Articles of Incorporation.	OMAY -8 AH 10:55
ARTICLE I NAME  The name of the corporation shall be:  BILL HIGGINS PAINTING,	TNO
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  8322 Willowwood St, ORLANDO FLA 328/8	
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any	one time is:
1005 HARES at \$1.00 PAR Value	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRES	Ş
The name and Florida street address of the initial registered agent are: WILLIAM H  8322 Willowwood Street, ORLANDO FLA 3281	8 8
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
WILLIAM HIGGINS ANN MARIE HIGGINS 8322 WIllowwood St ORLANDO FLA 32818 William Higgins  S/3/00	
Signature/Incorporator Date	•

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

Having been named as registered agent and to accept ser	vice of process for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered	d agent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and co	emplete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	
William Hagins	5/3/00
William Hagues	3/9/00

Signature/Registered Agent

Date