P14000095438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RETURNED CHECK

APPROVED
AND
FILED

14 NOV 24 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: Big Boy Status... ENT I Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee

☑ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Melizaire Dorisca
Name (Printed or typed)

5224 Via Alizar #4
Address

Orlando FL 32839
City, State & Zip

386-265-8038
Daytime Telephone number

md211.md@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME
The name of the corporation shall be: Big Boy Status ... ENT, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

5224 Via Alizar #4
Orlando FL 32839

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To Do All Lawful Busines.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melizaire Dorisca P.S.T.
Address 5224 Via Alizar
Orlando FL 32839

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

APPROVED AND FILED

(conti.)

14 NOV 24 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Melizave Dorisca

Address: 5226 Via Alizar #4

Orlando FL 32837

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Melizave Dorisca

Address: 5226 Via Alizar #4

Orlando FL 32829

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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

_____ 11/20/14

Required Signature/Registered Agent 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.

_____ 11/20/14

Required Signature/Incorporator Date