

P14000095438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

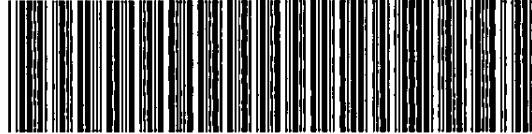
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100266582441

11/24/14--01014--010 **78.75

FILING CANCELLED
RETURNED CHECK

14 NOV 24 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Big Boy Status... ENT, 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

Mailing address, if different is:

5224 Via Alizar #4
Orlando FL 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Do All legal Business.

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ARTICLE IV SHARES

The number of shares of stock is: 100

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melizaire Dorisca BSIT Name and Title: _____

Address 5224 Via Alizar Address: _____
Orlando FL 32839

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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AND
FILED

(conti.)

Name and Title: _____ Name and Title: 16 NOV 24 PM 3:16

Address: _____ Address: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Alizer #4
Orlando FL 32837

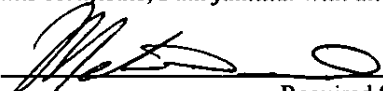
ARTICLE VII INCORPORATOR

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

Name: Melizave Dorisca
Address: 5226 Via Alizer #4
Orlando FL 32837

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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


Required Signature/Registered Agent

11/20/14
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

11/20/14
Date