

N 24 000 012576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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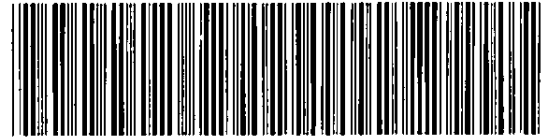
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: The Little Big ONE Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Kourtnee P. Vickers
Name (Printed or typed)

2907 Oakwood Drive
Address

Tallahassee, FL 32304
City, State & Zip

850-445-0915
Daytime Telephone number

thelittlebigone9746@gmail
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Little Big one INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2907 Oakwood Drive
Tallahassee FL, 32304

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to live by example
and bring a new mind frame to the table. I want to
draw attention back to the priorities of life. I hope to
recruit as many members and bless as many souls
along the way as I can. Life is short, and time... you can't
make up for once it has passed. Lets make every day
meaningful, not meaningless

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As per bilaws (Self made laws of Business)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kourtnee Vickers President Name and Title: _____

Address: 2907 Oakwood Drive Address: _____
Tallahassee FL, 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Kourtnee Vickers

Address: 2907 Oakwood Dr Tallahassee FL
32304

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Kourtnee Vickers

Address: 2907 Oakwood Dr Tall
FL 32304

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

Kourtnee Vickers

Required Signature of Registered Agent

Oct 29, 2024

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Kourtnee Vickers

Required Signature of Incorporator

Oct 29, 2024

Date