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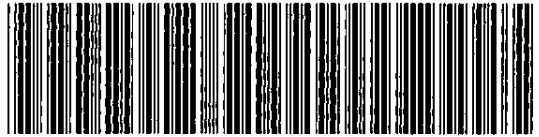
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight FEB 24 2009

## COVER LETTER

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

**SUBJECT:** BITS -N - SIPS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** JoAnn M. Monroe  
Name (Printed or typed)

1630 NW 121 Av  
Address

Pembroke Pines, Fl. 33026  
City, State & Zip

954 450 6050  
Daytime Telephone number

**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:

**BITS -N- SIPS, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1630 NW 121 Av.  
PEMBROKE PINES, FL.  
33026

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND OR ALL LEGAL BUSINESS ACTIVITIES FOR PROFIT.**

### **ARTICLE IV SHARES**

The number of shares of stock is:

**ONE HUNDRED SHARES**

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JOANN M. MONROE President	CHARLES A. RIGGS Vice President
1630 NW 121 Av.	1630 NW 121 Av.
PEMBROKE PINES, FL.	PEMBROKE PINES, FL.
33026	33026

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHARLES A. RIGGS  
1630 NW 121 Av.  
PEMBROKE PINES, FL.  
33026

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOANN M. MONROE  
1630 NW 121 Av.  
PEMBROKE PINES, FL.  
33026

\*\*\*\*\*

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

*Charles A. Riggs*

Signature/Registered Agent

*Joann M. Monroe*

Signature/Incorporator

*Feb. 18, 2009*

Date

*Feb. 18, 2009*

Date

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09 FEB 23 PM 12:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA