

P10000096837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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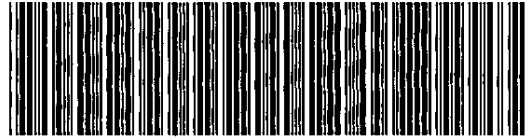
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV 24 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B 11/24/10

COVER LETTER

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

SUBJECT: BIG BAD WOLF, 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: JAMES DOUGLAS BROOKS JR.
Name (Printed or typed)
8145 HIDDEN PINES RD
Address
FORT PIERCE FL 34945
City, State & Zip
772 519-1050
Daytime Telephone number
JBR00KS795 @ AOL.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 BAD WOLF, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**8145 Hidden Pines Rd
FORT PIERCE, FL 34945**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL BBQ and BBQ related Items

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JAMES D. BROOKS JR (P)**
Address: **8145 Hidden Pines Rd (S)
FT PIERCE, FL 34945**

Name and Title: _____
Address: _____

Name and Title: **Tommy S. Brooks (VP/IT)**
Address: **8145 Hidden Pines Rd
FORT PIERCE FL 34945**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

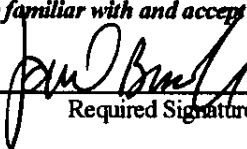
Name: **JAMES D. BROOKS JR**
Address: **8145 Hidden Pines Rd
FORT PIERCE, FL 34945**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

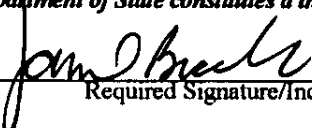
Name: **JAMES D. BROOKS JR**
Address: **8145 Hidden Pines Rd
FORT PIERCE FL 34945**

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

11-22-2010
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

11-22-2010
Date