

P11000031630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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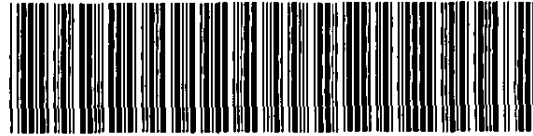
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAR 31 PM 12:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAR 31 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/31/11

COVER LETTER

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

SUBJECT: Higher Heights 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: Higher Heights inc.
Name (Printed or typed)

514 Long Pine Dr.
Address

Tallahassee, FL 32305
City, State & Zip

850-251-3999
Daytime Telephone number

Craig Thorpe 05@yahoo.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 31 PM 2:49

FILED

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: Higher Heights Enterprises Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

514 Long Pine Dr.
Tallahassee, FL 32305

Mailing address, if different from principal office address 11 MAR 31 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct and do business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig Thorpe president
Address: 514 Long Pine Dr.
Tallahassee, FL 32305

Name and Title: Michelle F. Thorpe Vice pres
Address: 514 Long Pine Dr.
Tallahassee, FL 32305

Name and Title: _____
Address: _____

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: Michelle F. Thorpe
Address: 514 Long Pine Dr.
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig A. Thorpe
Address: 514 Long Pine Dr.
Tallahassee, FL 32305

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

Michelle F. Thorpe
Required Signature/Registered Agent

3/31/11
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.

Craig A. Thorpe
Required Signature/Incorporator

3/31/11
Date