

P11000053717

(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



300208396653

06/07/11--01010--017 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN - 7 PM 2:36

Ps d/fu

## COVER LETTER

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

**SUBJECT:** HIGGS AUTO BODY REPAIR, 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:** EDMUND J. HIGGS

\_\_\_\_\_  
Name (Printed or typed)

2401 JOHN P. LYONS LANE BLDG. A23

\_\_\_\_\_  
Address

HALLANDALE, FL 33009

\_\_\_\_\_  
City, State & Zip

754-204-5831

\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUN -7 PM 2:36

**ARTICLE I NAME**

The name of the corporation shall be:

HIGGS AUTO BODY REPAIR, INC

**ARTICLE II PRINCIPAL OFFICE**

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

2401 JOHN P. LYONS LANE BLDG. A23

HALLANDALE, FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

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

EDMUND J. HIGGS  
2401 JOHN P. LYONS  
LANE BLDG. A23  
HALLANDALE, FL 33009

**ARTICLE VI REGISTERED AGENT**

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


ALFRED TATE, Accountant  
1799 N.E. 164TH STREET STE 104  
NORTH MIAMI BEACH, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

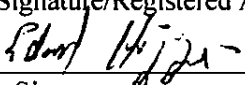
EDMUND J. HIGGS  
2401 JOHN P. LYONS LANE BLDG. A23  
HALLANDALE, FL 33009

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

06/04/2011

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

06/04/2011

\_\_\_\_\_  
Date