

P11000106477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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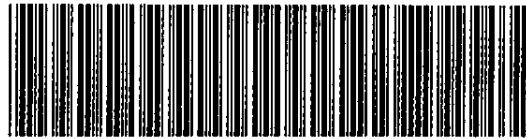
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 15 AM 10:52

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AND
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144

COVER LETTER

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

ofls

SUBJECT: Alison Higgins, 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: Alison Higgins

Name (Printed or typed)

PO Box 431749

Address

Big Pine Key, FL 33043

City, State & Zip

305-923-1783

Daytime Telephone number

Alison.Higgins@inthekeys.org

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)

NOT
RECORDED
AND
FILED

ARTICLE I NAME Alison Higgins Inc.
The name of the corporation shall be:

11 DEC 15 AM 10:52

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
2137 Bahia Shores Road
No Name Key, FL 33043

Mailing address, if different is:
PO Box 431749 TALLAHASSEE FLORIDA
Big Pine Key, FL 33043

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Alison Higgins Inc. fosters more sustainable ways of living and working in our world.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alison Higgins, President	Name and Title: _____
Address: PO Box 431749	Address: _____
Big Pine Key, FL 33043	_____
_____	_____
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: Anthony Catalfomo
Address: 506 Louisa Street
Key West, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alison Higgins
Address: PO Box 431749
Big Pine Key, FL 33043

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

Anthony Catalfomo

Required Signature/Registered Agent

12/7/2011

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.

Alison Higgins

Required Signature/Incorporator

12/07/2011

Date