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PICK-UP WAIT MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Andre P. Hendricks
AUTHORIZATION BY PHONE TO
CORRECT Article I + II
DATE 2/17/12
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
2/17/12

COVER LETTER

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

SUBJECT: BIGGERS AUTO 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

| | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: ANDRE P. HENDRICKS
Name (Printed or typed)

1890 NW 29TH STREET
Address

OAKLAND PARK, FL 33311
City, State & Zip

(754) 246-9085
Daytime Telephone number

biggersautorep@hotmail.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: **BIGGERS AUTO REPAIR, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1890 NW 29TH STREET
OAKLAND PARK, FL 33311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFESSIONAL AUTO REPAIR CORPORATION

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ARTICLE IV SHARES

The number of shares of stock is: **200 NPV**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ANDRE P. HENDRICKS - PRESIDENT**
Address: 1890 NW 29TH STREET
OAKLAND PARK, FL 33311

Name and Title: _____
Address: _____

Name and Title: **NEVILLE McFARLANE - DIRECTOR**
Address: 132 42 83rd LANE N
LOXAHATCHEE, FL 33470

Name and Title: _____
Address: _____

Name and Title: **APRIL HENDRICKS - SECRETARY**
Address: 4240 NW 21st STREET
LAUDERHILL, FL 33313

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: ANDRE P HENDRICKS
Address: 1890 NW 29TH STREET
OAKLAND PARK FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRE P HENDRICKS
Address: 1890 NW 29TH STREET
OAKLAND PARK, FL 33311

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

Andre Hendricks
Required Signature/Registered Agent

02/14/2012
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.

Andre Hendricks
Required Signature/Incorporator

02/14/2012
Date