## P13000063211

(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



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SECRETARY OF SIMIL
SECRETARY OF SIMIL

## **COVER LETTER**

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

SUBJECT: Briggs Solutions, Inc						
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED			
FROM: E	leanor A Briggs					
50	024 Live Oak Cir					
Bradenton, FL 34207						
City, State & Zip (941) 753-8672						
Daytime Telephone number						

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be: Briggs Solutions, I	nc	-	
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing a	ddress, if different is:	
5024 Live Oak	•	···	Walling address, it different is.	
Bradenton, Fl	_ 34207			
•				
ARTICLE III PUR The purpose for which t Services.	POSE he corporation is organized is: E-comr	merce: Online pr	roducts and	
ARTICLE IV SHA The number of shares of ARTICLE V INI	ARES 100 stock is: 100	<u></u>	13 JUL 26 SEGRETARI	
Name and Title	Eleanor A Briggs Director	Name and Title:		
Address	5024 Live Oak Circle	Address:		
	Bradenton, FL 34207		<u>}</u> ⊙	
Name and Title	:	Name and Title:		
Address		Address:		
Name and Title	·	Name and Title:		
Address		Address:		
		_		

Name an	d Title:	Name and Title:  Address:  SECNETARY OF STATE TAIL AHASSEE FLORIDA			
ARTICLE VI	REGISTERED AGENT				
The name and FI	orida street address (P.O. Box NOT acceptable) of	of the registered agent is:			
Name:	Eleanor A Briggs	<del>-</del>			
Address:	5024 Live Oak Circle	_			
	Bradenton, FL 34207	_			
ARTICLE VII The name and ac Name: Address:	INCORPORATOR  Idress of the Incorporator is:  Eleanor A Briggs  5024 Live Oak Circle	<del></del>			
Addiess.	Bradenton, FL 34207	_			
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    Compared Signature/Registered Agent   Date					