## P1300097736

· (Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





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## **COVER LETTER**

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

SUBJECT: BIGGIAS COASUHIAG INC.  PROPOSED CORPORATE NAME & MUST INCLUDE SUFFIX)			
-	O PROPOSED CORPORA	TE NAME I MUST INCLU	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM:	Rory P. Biggi		·
	1529 NE 16th	= Aue.	
	Fort Lauderda City, S 954-643-1 Daytime Te	Je FL 333 State & Zip	,04
			com
	RORYPBIGGI E-mail address: (to be used	for future annual report n	otification)

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

## ARTICLES OF INCORPORATION

		λ.
ARTICLES OF INCOR In compliance with Chapter 607 and/or		
he name of the corporation shall be: Biggins Con	sulting Inc.	ેં.ફ) ગુ
RTICLE II PRINCIPAL OFFICE	)	•
Principal street address  1529 NE 16 the Ave.	Mailing address, if different is:	
ft. Laiderdale, fl	<u> </u>	
33304		
RTICLE III PURPOSE	auful purposes.	
•		
	·	
	<del></del>	
he number of shares of stock is: 100		
he number of shares of stock is: 100  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS	Name and Title:	
Name and Title: Rozy P. Biggins Pecsident 1		
Name and Title: Rosy P. Biggiss President 1  Address 1529 NE 16-Ave.	Address:	
Name and Title: Rozy P. biggins Pecsident	Address:	
Name and Title: Roxy P. Bissis President 1  Address  Fort Londerdale, FL  33304	Address:	
Name and Title:    Name and Title:   Rown   Signiff   Resident	Address:	
Name and Title: Roxy P. Bissis President 1  Address  Fort Londerdale, FL  33304	Address:	
Name and Title:    Name and Title:   Rown   Signiff   Resident	Address:	
Name and Title:	Address:	
Name and Title:  Name and Title:  Address  Name and Title:  Address	Address:  Name and Title:  Address:	
Name and Title:	Address:  Name and Title:  Address:  Vame and Title:	

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: David C. Levine, E	
Address: 215 N. Federal H	
Daria Beach, FL	·
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Long. Biggins	
Address: 1529~ E 164 A.	<u>.                                    </u>
Ft. Lawrendale,	<sup>2</sup> L 33304
Having been named as registered agent to accept ser this certificate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in pintment as registered agent and agree to act in this capacity
a	12-7-2013
Required Signature/Regist	red Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a thin	ted herein are true. I am aware that the false information submitted in a rd degree felony as provided for in s.817.155, F.S.
Required signature/Incom	71/27/13 Date
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