

P140000061732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

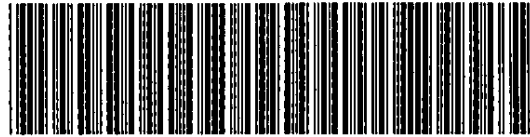
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/21/14--01036--008 **78.75

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14 JUL 21 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/22/14

COVER LETTER

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

SUBJECT: Higgins Marketing Group, 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: James Higgins

Name (Printed or typed)

219 Duncan Trail

Address

Longwood, FL 32779

City, State & Zip

407-617-5407

Daytime Telephone number

jim@higginsmarketinggroup.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Higgins Marketing Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

219 Duncan Trail

Longwood, FL 32779

Mailing address, if different is:

Same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and marketing consulting and service delivery.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Higgins, Pres.

Address

219 Duncan Trail

Longwood, FL 32779

Name and Title: Carla Higgins, VP

Address:

219 Duncan Trail

Longwood, FL 32779

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

(cont.)

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:

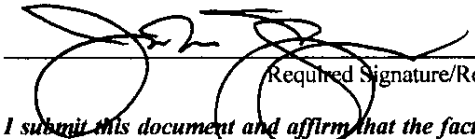
Name: James Higgins
Address: 219 Duncan Trail
Longwood, FL 32779

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James Higgins
Address: 219 Duncan Trail
Longwood, FL 32779

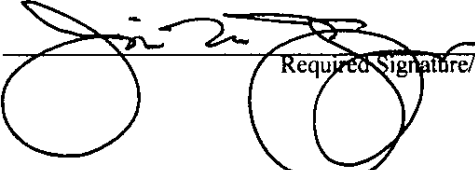
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

07/21/14
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.



Required Signature/Incorporator

07/21/14
Date

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