P150000/6431

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	ue #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 FEB 17 PH 4:4:



1/4

COVER LETTER

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

SUBJECT: Big	C Events, Inc.		
***************************************	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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	PPY REQUIRED
FROM: 1	ason Camp	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
34	07 Pacific Drive		
	A	Address	
Na	aples, FL 34119		
	City,	State & Zip	
23	9-253-2206		
	Daytime To	elephone number	
jas	son.camp23@gn		
4	E-mail address: (to be used	for future annual report	notification)

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



•		AND
	ARTICLES OF INCO	
ADMINI E I . SIA!	-	15 FFD 17 D.
The name of the corpora	htion shall be: Big C Events, In	IC.
	NCIPAL OFFICE	SECHETARY OF STATE TALLAHASSEE, FLORIDA Mailing address if different is
	Principal street address	Mailing address, if different is:
3407 Pacific	c Drive	
Naples, FL	34119	
ARTICLE III PUR	POSE Big C E	vents Inc. is an event and catering
		ializes in corporate and community
events throughou	t the United States. Big C Events	s will also provide consulting services.
ARTICLE IV SHA	IRES 1	
The number of shares of	stock is:	
ARTICLE V INT	FIAL OFFICERS AND/OR DIRECTOR	<u>8</u>
Name and Title	Jason Camp, President/Owner	Name and Title:
Address	3407 Pacific Drive	Address:
	Naples, FL 34119	
Name and Title		Name and Title:
Address		Address:
Name and Title		Name and Title:
Address		Address:



(conti.)

Name and	Title:	Name and Tit	15 FEB 17 PM 4: 40
Address		_ Address:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
		-	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered a	gent is:
Name:	Jason Camp	The registered t	gon 13.
Address:	3407 Pacific Drive	_	
Audress:	Naples, FL 34119	- -	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Jason Camp	_	
Address:	3407 Pacific Drive		
	Naples, FL 34119	_	
Having been nam this certificate, I a	ned as registered agent to accept service of proces im familiar with and accept the appointment as re	s for the above gistered agent a	stated corporation at the place designated in nd agree to act in this capacity
Jan	a Com		2/11/15
7/00-0	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo		
As as		· · · · · · · · · · · · · · · · · · ·	2/11/15
_yavar	Required Agnature/Incorporator		Date