

P160000024246

(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



900282939929

03/09/16--01014--026 **70.00

FILED
2016 MAR -9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2016

T BROWN

COVER LETTER

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

SUBJECT: W.J. Higgins, 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: William J Higgins

Name (Printed or typed)

2022 SE 8th Ave

Address

Cape Coral, FL 33990

City, State & Zip

Daytime Telephone number

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: W.J. Higgins, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

2022 SE 8th Ave

Cape Coral, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation may engage in any activity or business permitted under the laws of the United States or of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William J Higgins Pres

Name and Title: _____

Address 2022 SE 8th Ave

Address: _____

Cape Coral, FL 33990

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2016 MAR -9 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: William J Higgins
Address: 2022 SE 8th Ave
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

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

Name: William J Higgins
Address: 2022 SE 8th Ave
Cape Coral, FL 33990

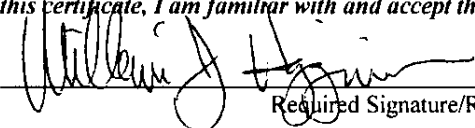
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

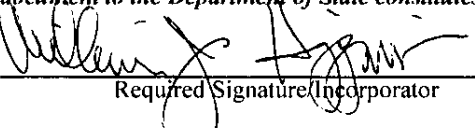
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 _____ 03/04/2016
Required Signature/Registered Agent 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.

 _____ 03/04/2016
Required Signature/Incorporator Date