

P17000012326

(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

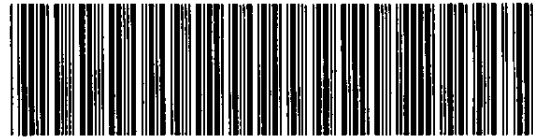
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17 JAN 31 AM 8:37  
STATE OF ILL.  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
17 JAN 31 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 1, 2017

BILLY CARSON  
934 N UNIVERSITY DR  
CORAL SPRINGS, FL 33071

SUBJECT: 4BIDDENKNOWLEDGE INC  
Ref. Number: W17000009230

We have received your document for 4BIDDENKNOWLEDGE INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please sign the required signature area stating "Reuired Signature(s) on behalf of Other Business Entity."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II  
New Filing Section

Letter Number: 017A00002033

## COVER LETTER

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

SUBJECT: 4 biddenknowledge Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Billy Carson  
Name (Printed or typed)

934 N University Dr  
Address

Coral Springs, FL 33071  
City, State & Zip

954-663-3294  
Daytime Telephone number

4biddenknowledge@gmail.com  
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: 4biddentknowledge Inc

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address  
934 N University Dr  
Suite 417  
Coral Springs, FL 33071

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

News and media on global events  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
JAN 31 AM 8:27  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH  
FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Billy Carson - President      Name and Title: \_\_\_\_\_

Address: 934 N University Dr Suite 417      Address: \_\_\_\_\_  
Coral Springs, FL 33071      \_\_\_\_\_

Name and Title: \_\_\_\_\_      Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_      Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Billy Carson  
Address: 934 N University Dr Suite 417  
Coral Springs, FL 33071


**ARTICLE VII INCORPORATOR**

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

Name: Billy Carson  
Address: 934 N University Dr Suite 417  
Coral Springs, FL 33071


\*\*\*\*\*

*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

01/27/2017  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

01/27/2017  
Date