

P17000012327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

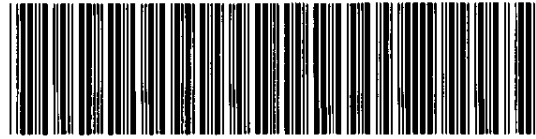
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 FEB -8 PM 2:35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Bigger Picture Construction INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Carlos H. Gervaux
Name (Printed or typed)

4890 Old Federal Rd
Address

Quincy FL 32351
City, State & Zip

850-591-4190
Daytime Telephone number

102Gervaux@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: The Bigger Picture Construction INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address: 4890 old Federal Rd
Quincy FL 32351
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide quality handyman and construction needs to our customers

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President

Name and Title: Carlos Gevawer
Address: 4890 old Federal Rd
Quincy Florida
32351

Vice President

Name and Title: Herman Gevawer
Address: 4890 old Federal Rd
Quincy FL 32351

Secretary

Name and Title: Essence Mason
Address: 4890 old Federal Rd
Quincy FL
32351

Name and Title: _____
Address: _____

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: Carlos Gervawer
Address: 4890 Old Federal Rd
Quincy FL 32351

ARTICLE VII INCORPORATOR

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

Name: Carlos H. Gervawer
Address: 4890 Old Federal Rd
Quincy FL 32351

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TALLAHASSEE, FLORIDA

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

Carlos Gervawer
Required Signature/Registered Agent

2/8/17
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.

Carlos Gervawer
Required Signature/Incorporator

2/8/17
Date