

P14 000079303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

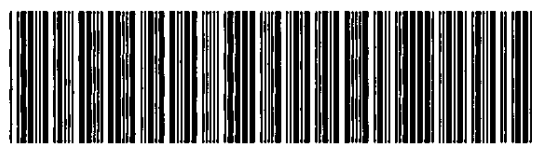
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 22 PM 3:04

~~W14-000079303~~
*COS
*CC
9/25/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2014

CHRISTINE SPIKES
11027 BUGGY WHIP DRIVE
JACKSONVILLE, FL 32257

SUBJECT: C.A.R.T. COURIER SERVICES INC.
Ref. Number: W14000052822

We have received your document for C.A.R.T. COURIER SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 214A00018520

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: C.A.R.T. Courier Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5162 Saddlehorn Drive South
Jacksonville, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: courier service

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tammra Alexander/President

Name and Title: Christine Spikes/President

Address 5162 Saddlehorn Drive South
Jacksonville, FL 32257

Address: 11027 Buggy Whip Drive
Jacksonville, FL 32257

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: Tammra Alexander
 Address: 5162 Saddlehorn Drive South
Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christine Spikes
 Address: 11027 Buggy Whip Drive
Jacksonville, FL 32257

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

Tammra S. Alexander
 Required Signature/Registered Agent

8-24-14
 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.

Christine Spikes
 Required Signature/Incorporator

8/24/2014
 Date