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TRANSMITTAL LETTER

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

000003215870--1  
-04/20/00--01015--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Steve's EXPEDITE INC

(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 19 PM 2:07

FILED

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

STEREN FAHNEY

Name (Printed or typed)

191 40TH AVE

Address

ST PETE BEACH FL 33706

City, State & Zip

727-363-8076 - 727-742-8076

Daytime Telephone number

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

F. CHESNEY

APR 24 2000

# 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:

1) STEVE'S EXPEDITE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

191 40TH AVE  
ST PETE BEACH FL 33706

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LOCAL DELIVERY

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

STEVEN C FAHNEY

191 40TH AVE

ST PETE BEACH FL 33706

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

JACKIE L CLARKE

2809 GULF TO BAY BLVD.

CLEARWATER FL 33759

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

STEVEN FAHNEY

191 40TH AVE

ST PETE BEACH FL 33706

\*\*\*\*\*  
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED

00 APR 19 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA