

TRANSMITTAL LETTER

P02000042007

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

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-04/11/02--01087--008
*****87.50 *****87.50

SUBJECT: CLAIRE Gut Courier 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 of Status
ADDITIONAL COPY REQUIRED

FROM: CLAIRE Gut Courier Inc.
Name (Printed or typed)

801 Spring Lake Road
Address

Altamonte Springs Florida
City, State & Zip

407-767-0635
Daytime Telephone number

FILED
02 APR 16 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gk 4/18

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:

Claire Gut Courier Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

801 Spring Lake Rd.
Altamonte Springs, Fl. 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Courier Service and requested by customers
and accountants all bases should be covered

ARTICLE IV SHARES and correct

The number of shares of stock is:

2 shares - 1 share for Claire Gut 1 if needed

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CLAIRE M. Gut
801 Spring LAKE Road
Altamonte Springs, Fl. 32701

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Claire Gut
801 Spring LAKE Rd.
Altamonte Springs, Fl. 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLAIRE Gut
801 Spring LAKE Rd.
Altamonte Springs, Fl. 32701

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

Claire Gut
Signature/Registered Agent

4-10-02
Date

Claire Gut
Signature/Incorporator

4-10-02
Date

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02 APR 11 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA