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TRANSMITTAL LETTER

FILED

02 MAY 15 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT:

WESSBELL DELIVERY SERVICE, 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:

ROBERT LYONS

Name (Printed or typed)

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-05/15/02--01068--004

*****78.75 *****78.75

20901 W. BUSCH BLVD SUITE #1005

Address

TAMPA, FL, 33618

City, State & Zip

(813) 936-9556

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:
WessBell Delivery Service, Inc.

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ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
6706 Preston Court
Tampa, Florida 33615

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
50 Shares of common stock @ \$ 10.00 per share

ARTICLE 1V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:
Robert Lyons
9403 N. Armenia Ave.
Tampa, Florida 33612

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are:
Alfredo O. Alberty
6706 Preston Court
Tampa, FL. 33615


Signature/Incorporator

APRIL 12-02
Date

(An additional article must be added if an effective date is requested)

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 status 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

4-12-02
Date