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03 JUL 21 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: COMPLETE DELIVERY, 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

FROM CARLOS GUZMAN
Name (Printed or Typed)

659 ANCHOR LANE
Address

W. MELBOURNE, FL 32904
City, State & Zip

321 - 676-3379
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

COMPLETE DELIVERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

BUSINESS ADDRESS & MAILING ADDRESS:
659 ANCHOR LANE
W MELBOURNE, FLORIDA 32904

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at one time is:

25,000 SHARES (COMMON VOTING)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:
CARLOS GUZMAN
659 ANCHOR LANE
W MELBOURNE, FLORIDA 32904

Filing Fee: \$ 70.00

ARTICLE V
INCORPORATOR(S)
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARLOS GUZMAN
659 ANCHOR LANE
W MELBOURNE, FLORIDA 32904

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17 *day of* July, 2003.


Signature

Signature

Signature

NOTE: *Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.*

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: COMPLETE DELIVERY, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

CARLOS GUZMAN
(Name)

659 ANCHOR LANE
(P.O. Box or Mail Drop Box NOT Acceptable)

W. MELBOURNE, FL 32904
(City/State/Zip)

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TALLAHASSEE FLORIDA

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.

Carlos Guzman 07/17/03
(Signature) (Date)