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TRANSMITTAL LETTER

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

SUBJECT: A B Mail les Nice y Luc.

(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

⊠ \$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

□ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

ARTHUR + Barbra McCullen
Name (Printed or typed)

Me Paradise Point Lane
Address
Santa Rosa Beach, FL 32459
City, State & Zip

(850) 267-1454 (850)830-1459 (cdl)

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	
The name of the corporation shall be:	03 OCT 21 PM 1:11
A+B MAIL Service, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
76 Paradise Point Lane, Santa Rosa Beach, FL 32459 The purpose for which the corporation is organized is:	e e e e e e e e e e e e e e e e e e e
MAIL DELIVERY	
ARTICLE IV SHARES The number of shares of stock is: DD (one hundred)	 -
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s): Arthur O. McCullen, President 76 Paradise Point Lane	-
Santa Rosa Deach, FL 32459 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
BARBRA J. McCullen, Registered l 76 Paradise Point Rane Santa Rosa Beach, FL 32459	lgent.
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Barbra McCullen 76 Paradise Point hn. Bauta Rosa Beach, FL 32459	
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act it	
<u>Burbsa J. W. Cullon, R. A.</u> Signature/Registøred Agent I	10-16-03 Date
Barbra J. M. Cullen.	10-16-03
Signature/Incorporator (Date