

PB3000152726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

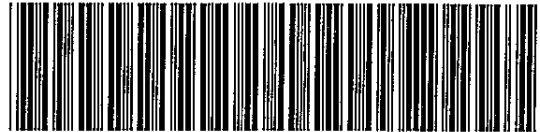
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03 DEC 10 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/10

## TRANSMITTAL LETTER

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

SUBJECT: Express Errands Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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**

FROM: Joe & Lynn Carlisi

Name (Printed or typed)

PO Box 5293

Address

Ocala, FL 34478

City, State & Zip

(352) 694-7884

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
Express Errands Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
PO Box 5293  
Ocala, FL 34478

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide the service of running errands.

**ARTICLE IV SHARES**

The number of shares of stock is:  
1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Lynn Carlisi (President)      Joe Carlisi (Vice President)  
PO Box 5293                      PO Box 5293  
Ocala, FL 34478                  Ocala, FL 34478

**ARTICLE VI REGISTERED AGENT**



The name and Florida street address of the registered agent is:  
Joe Carlisi  
4878 NE 2nd Loop  
Ocala, FL 34470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Lynn Carlisi  
4878 NE 2nd Loop  
Ocala, FL 34470

\*\*\*\*\*

*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*

 _____ Signature/Registered Agent	JOE CARLISI	12-08-03 _____ Date
 _____ Signature/Incorporator	LYNN CARLISI	12-08-03 _____ Date