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SECRETARY EL STATE
SECRETARY SEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT:	TCK Deli	veries	INC		
	(PROPOSED CORPORA	TE NAME – MUSTINCL	JDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	M: Louis A Cintron Name (Printed or typed)				
8504 April Sound Court					
	Tampa	FL 336 State & Zip	34		
	813 - 727 - 1407 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) FILED 04 JAN 23 PM 7: 14 ARTICLE I NAME The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEE, FLORIDA Deliveries INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8504 April Sound Court Tampa FL 33634 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Home Delivery ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Louis A Cintron, President 8504 April Sound CT Tampa FL 33634 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: Louis A Cintron 8504 April Sound CT Tampa FL 33634 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Louis A cintron 8504 April Sound CT lampa FL 33634 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