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(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Cartified Canina	Cadificatos el	Chatur
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 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:	DIOGENE	(Printed or typed)	NGUEZ
-	7295 H	ENTH Dr	٧
-	PORT Rich	State & Vip	34468
	Daytime To	Q43 - 555 elephone 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)
The name of the corporation shall be: Stocks + Stripes Delivery True.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7005 HENTH DRIVE PORT RICHEY, FL 34448
The purpose for which the corporation is organized is: Pockoge 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): Diogenes Dominguez - President ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
ARTICLE VI REGISTERED AGENT
1116 Haine and Profite street address of the registered agent is.
Diogenes Dominguez
7235 HEATH De PORT Lichey, FL 34CCP
ARTICLE VII <u>INCORPORATOR</u>
The name and address of the Incorporator is: Diogenes Dominguez
7225 HEATH DR
Pour Richer FL 34668

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

Date

Signature/Incorporator REGISTERED AGENT