

P04000039552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



500029381295

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAR -4 AM 10:21

03/04/04--01015--007 **78.75

RECEIVED
04 MAR -4 AM 10:17
DIVISION OF CORPORATION

TRANSMITTAL LETTER

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

SUBJECT: Package
Eiler's Package Service 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

ADDITIONAL COPY REQUIRED

FROM:

Bryan Eiler

Name (Printed or typed)

2988 Teton Tr

Address

Tallah FL 32303

City, State & Zip

850 570 0913

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)

ARTICLE I NAME

The name of the corporation shall be:

Eiler's Package Service Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2988 Teton tr Tallk Fl. 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Bryon Eiler 2988 Teton tr Tallk Fl. 32303 Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Bryon Eiler 2988 Teton tr Tallk Fl. 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bryon Eiler 2988 Teton tr Tallk Fl. 32303


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

3-4-04

Date



Signature/Incorporator

3-4-04

Date

04 MAR -4 AM 10:21

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA