

POS000059485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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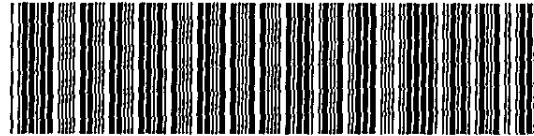
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE FL 32304  
05 APR 18 PM 2:06

N. Culligan APR 22 2005

## TRANSMITTAL LETTER

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

SUBJECT: 1<sup>st</sup> Class Delivery 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: Keegan Labrador  
Name (Printed or typed)

10887 117<sup>th</sup> Lane North  
Address

Seminole, FL  
City, State & Zip

727-251-6530  
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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: 1<sup>st</sup> Class Delivery inc.

05 APR 18 PM 2:06

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 1519 Gulf Blvd.  
Indian Rocks Beach, FL, 33785

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
This Corporation is organized to be a delivery service, & advertising service

**ARTICLE IV SHARES**

The number of shares of stock is:  
100 @ \$1.00 each

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

List name(s), address(es) and specific title(s):  
Marc Buag, President  
13100 Boca Ciega Ave. N. Madeira Beach FL  
  
Keegan Labrador, vice-president  
10887 117th Lane North Seminole FL 33778

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Keegan Labrador  
10887 117th Lane North  
Seminole FL 33778

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Keegan Labrador  
10887 117th C N  
Seminole FL 33778

\*\*\*\*\*

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

K. Labrador

Signature/Registered Agent

4/13/05

Date

K. Labrador

Signature/Incorporator

4/13/05

Date