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| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| ,                                       |
| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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05 MAY 24 PM 3 01

SECRETARY OF STATE
ALLAMASSEE, FLORIDA

05 MAY 24 PM 2: 4.5

C.J. 5'24

# TRANSMITTAL LETTER

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

| SUBJECT: Ex          | ores Delivery } /ores D | ogistics Inc.<br>TENAME-MUSTINCL                   | UDE SUFFIX)             |
|----------------------|--|--|-------------------------|
| Enclosed are an orig | inal and one (1) copy of the arti  | cles of incorporation and                          | d a check for:          |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status   | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate of Status |
| FROM:                | 3143 Besse   | nt Rd  |                         |
| -                    | Jacksonuille<br>city,<br>850 - 210   |  |                         |

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

Daytime Telephone number



#### 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:

Express Delivery ! Logistics Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3143 Bessent rd

Sackconville Fl, 32218

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Delivery Services

#### ARTICLE IV SHARES

The number of shares of stock is: /oo

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Jacquee Sames - vice President
David L. Sones P. O. Bok 13193-Opertions myr. Suchsonville Pl, 32206 - Operations myr.
Charles Sames 3143 Bewent of Jacksonville fl, 32218

Shelly Salter 2538 wit 43th st 32209 - Secretary

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sacquee Sames - 3143 Bessent 1d Sachsonville Fl, 32218

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles Sames - 3143 Bessent 1d Sacksonville Fl, 32218 Sacquee

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

Signature/Incorporator

<u>S/24/05</u> Date

<u> 5/24/05</u> Date

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SECRETARY OF STATE
AND ASSEE, FLORID