

POS000100453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

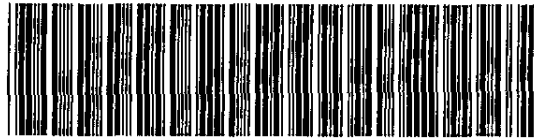
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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07/19/05--01005--001 **78.75

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05 JUL 19 AM 8:20
FALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: WAKIL 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
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: RONNIE EARL MELTON
Name (Printed or typed)

355 MONUMENT RD 16D2
Address

JAX FL 32225
City, State & Zip

904 537-8607
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:

WAKIL DELIVERY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

355 MONUMENT RD 16D2
JAX FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE DELIVERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RONNIE E MELTON ~~CONTRACTOR~~ PRESIDENT
355 MONUMENT RD 16D2
JAX FL 32225

ARTICLE VI REGISTERED AGENT

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

RONNIE E. MELTON
355 MONUMENT RD 16D2
JAX FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RONNIE E. MELTON
355 MONUMENT RD 16D2
JAX FL 32225

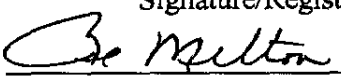
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

7/19/05

Date



Signature/Incorporator

7/19/05

Date

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05 JUL 19 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA