

P06000120304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

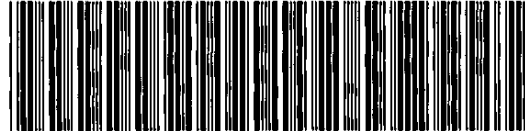
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-19-06
D

COVER LETTER

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

SUBJECT: MACK'S CARRIER SERVICES, 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: SHARON P. BRUCE

Name (Printed or typed)

2051 TERRYWOOD DRIVE

Address

TALLAHASSEE, FLORIDA 32311

City, State & Zip

850-942-4442

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:

MACK'S CARRIER SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2051 TERRYWOOD DRIVE
TALLAHASSEE, FLORIDA 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON P. BRUCE / PRESIDENT, V-PRESIDENT, SECRETARY, TREASURER
2051 TERRYWOOD DRIVE
TALLAHASSEE, FLORIDA 32311

ARTICLE VI REGISTERED AGENT

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

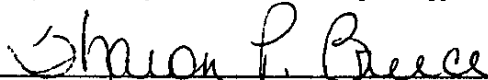
SHARON P. BRUCE
2051 TERRYWOOD DRIVE
TALLAHASSEE, FL. 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON P. BRUCE
2051 TERRYWOOD DRIVE
TALLAHASSEE, FL. 32311

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9-19-06

Date



Signature/Incorporator

9-19-06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA