(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB 25 PH 3:38

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

SUBJECT:FI	RST COAST DELIVERY			
	(PROPOSED CORPORATE	NAME – MUST INCLUDI	E SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the artic	eles of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:				
JOSHUA : D. CHITTY Name (Printed or typed)				
5060 SHARON TERRACE Address				
	JACKSONVIL City	LE, FLORIDA 32207 State & Zip		
		487-6739 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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB 25 PH 3:38

ARTICLE I NAME

The name of the corporation shall be:

FIRST COAST DELIVERY SERVICE, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

5060 SHARON TERRACE, JACKSONVILLE, FLORIDA 32207

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JOSHUA D. CHITTY - PRESIDENT 5885 EDENFIELD ROAD, APT. L4 JACKSONVILLE, FLORIDA 32216

ROBERT H. GOIN - TREASURER 5060 SHARON TERRACE JACKSONVILLE, FLORIDA 32207

ARTICLE VI REGISTERED AGENT

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

JOSHUA D. CHITTY, 5885 EDENFIELD ROAD, APT. L4 JACKSONVILLE, FLORIDA 32216

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

JOSHUA D. CHITTY, 5885 EDENFIELD ROAD, APT. L4 JACKSONVILLE, FLORIDA 32216

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

Signature/Registered Agent

JOSHUA D. CHITTY

 $\times \frac{20-08}{\text{Date}}$ $\times \frac{2-20-08}{\text{Date}}$

JOSHUA D. CHITTY