# P080000493/4

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
41708-21473				
Office Use Only				



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04/28/08--01044--007 \*\*78.75

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# **COVER LETTER**

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

<sub>SUBJECT:</sub> Coop	er's Courier & Handlin	g Services Co.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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	
ei	anina Caanas		
FROM: 3	narine Cooper	(Printed or typed)	
	rumo	(i inned or typed)	
ı	6037 Boca Colony Driv	re #511	
-		Address	<del></del>
_	Boca Raton, Florida 33		
	City,	State & Zip	
<u>.</u>	561.674.2403		
_	Daytime To	elephone number	

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2008

SHARINE COOPER 6037 BOCA COLONY DRIVE #511 BOCA RATON, FL 33433

SUBJECT: COOPER'S COURIER & HANDLING SERVICES CO.

Ref. Number: W08000021473

We have received your document for COOPER'S COURIER & HANDLING SERVICES CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 908A00026313

# 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:

Cooper's Courier & Handling Services Co.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6037 Boca Colony Drive #511 Boca Raton, Florida 33433

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Courier and handling services.

### ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

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ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Sharine Cooper 6037 Boca Colony Drive #511 Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Sharine Cooper 6037 Boca Colony Drive #511 Boca Raton, Florida 33433

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

4/23/08

4/23/08

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