

PD 8000082340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

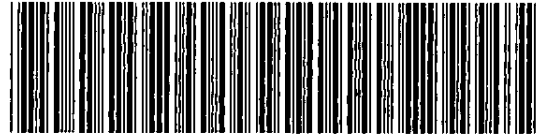
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/8

COVER LETTER

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

SUBJECT: ON THE GO PICK UP & DELIVERY SERVICE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOEL NELSON

Name (Printed or typed)

2746 NW 199 TERRACE

Address

MIAMI FL 33056

City, State & Zip

(305) 623-6731

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:

ON THE GO PICK UP & DELIVERY SERVICE INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2746 NW 199 TERRACE, MIAMI FL, 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PICK UP MISC ITEMS (PARTS,FURNITURE, BOXES, APPLIANCES, ETC)

ARTICLE IV SHARES

The number of shares of stock is:

2000 SHARES @ \$.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOEL NELSON (PRESIDENT,DIRECTOR,TREASURER)
2746 NW 199 TERRACE
MIAMI FL 33056

MAXINE NELSON (VICE PRESIDENT,DIRECTOR,SECRETARY)
2746 NW 199 TERRACE
MIAMI FL 33056

ARTICLE VI REGISTERED AGENT

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

JOEL NELSON
2746 NW 199 TERRACE
MIAMI FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOEL NELSON
2746 NW 199 TERRACE
MIAMI FL 33056

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

FILED

08 SEP -5 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-1-08
Date

9-1-08
Date