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(Address)

(Address)

(City/State/Zip/Phone #)

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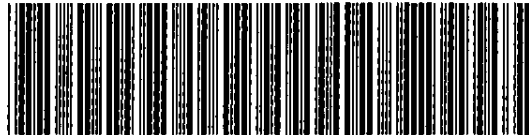
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 JAN -5 AM 9:30
STATE OF FLORIDA
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Handwritten signature

COVER LETTER

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

SUBJECT: T.P.C. DELIVERIES 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: TIMOTHY CAMPBELL
Name (Printed or typed)

1935 ECTOR RD
Address

JACKSONVILLE, FL 32211
City, State & Zip

904-745-4401
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:

T.P.C. DELIVERIES INC

ARTICLE II PRINCIPAL OFFICE

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

1935 ECTOR RD
JACKSONVILLE, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DELIVERY SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TIMOTHY CAMPBELL, PRESIDENT
1935 ECTOR RD
JACKSONVILLE, FL 32211

PATRICIA A.T. CAMPBELL, VICE PRESIDENT
1935 ECTOR RD
JACKSONVILLE, FL 32211

ARTICLE VI REGISTERED AGENT

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

TIMOTHY CAMPBELL
1935 ECTOR RD
JACKSONVILLE, FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TIMOTHY CAMPBELL
1935 ECTOR RD
JACKSONVILLE, FL 32211

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

Timothy Campbell

Signature/Registered Agent

Timothy Campbell

Signature/Incorporator

12/19/08

Date

12/19/08

Date

FILED
09 JAN -5 AM 9:30
CLERK OF STATE
OF FLORIDA
JACKSONVILLE