

PO9 000086981

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300159549663

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08/17/09--01047--007 **78.75

10/21/09--01039--001 **8.75

FILED
09 OCT 20 PM 3:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

W09-37287

R. McKnight OCT 21 2009

COVER LETTER

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

SUBJECT: QPS (QUICK Pack & Ship)
(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: Kettlie Deluce
Name (Printed or typed)

3209 SW Port St Lucie Blvd
Address

Port St Lucie FL 34953
City, State & Zip

772 785 9256
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2009

KETTLIE DELUCE
3209 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

SUBJECT: Q.P.S (QWIK PACK SHIP)
Ref. Number: W09000037287

We have received your document for Q.P.S (QWIK PACK SHIP) 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight
Regulatory Specialist II

Letter Number: 109A00027998

EIN 35-2363187

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:

Quik Pack & Ship corp

ARTICLE II PRINCIPAL OFFICE

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

3209 SW Pst Blvd
Port St Lucie FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Shipping

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):

Kethlie Deluce (owner)
3209 SW Pst Blvd Port St Lucie FL 34953

ARTICLE VI REGISTERED AGENT

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

Kethlie Deluce
971 SW DALTON AVE port st lucie FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kethlie Deluce
3209 SW Pst Blvd Port St Lucie FL 34953

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

Date

Date

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

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