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(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  
DIVISION OF CORPORATIONS  
10 SEP 27 AM 11:37

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## COVER LETTER

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

**SUBJECT:** T & D PICK-UP & DELIVERY 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:** TOM SEWELL

Name (Printed or typed)

5220 SW 64 AVE

Address

DAVIE, FL. 33314

City, State & Zip

954 907-3426

Daytime Telephone number

tom@heritagetaxservices.com

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

**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 & D PICK-UP & DELIVERY, INC.

## **ARTICLE II PRINCIPAL OFFICE**

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

8125 MONETARY DRIVE, G-3  
RIVIERA BEACH, FLORIDA 33404

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PICK UP AND 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):

PETER DEGREGORY	MARK TAGGART
8125 MONETARY DRIVE	8125 MONETARY DRIVE
RIVIERA BCH, FL 33404	RIVIERA BCH, FL 33404
PRESIDENT	VICE PRESIDENT

## **ARTICLE VI REGISTERED AGENT**

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

PETER DEGREGORY  
8125 MONETARY DRIVE G-3  
RIVIERA BCH, FL 33404

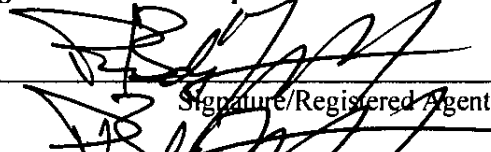
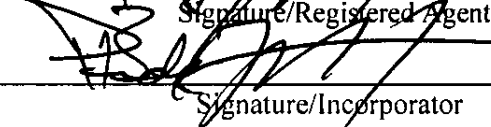
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PETER DEGREGORY  
8125 MONETARY DRIVE G-3  
RIVIERA BEACH, FL 33404

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*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

9-24-10  
\_\_\_\_\_  
Date  
9-24-10  
\_\_\_\_\_  
Date

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