

P110000009367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

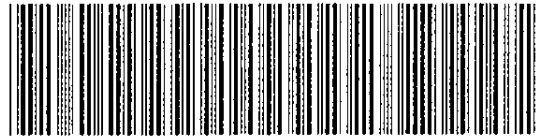
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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01/28/11--01006--001 \*\*78.75

RECEIVED  
11 JAN 28 AM 8:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 JAN 28 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

75 1/28/11

## COVER LETTER

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

SUBJECT: D & T Delivery Group  
(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: DERICK LOVE + TRIG Williams  
Name (Printed or typed)

2500 Vista Rise Apt D  
Address

Tall Fla 32304  
City, State & Zip

850-408-0758 - 850-508-5213  
Daytime Telephone number

dericklove1@aol.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: D & T Delivery Group INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2500 Vista Rise Apt. D  
Tall Fla 32304

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal business

**ARTICLE IV SHARES**

The number of shares of stock is: 10 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Derrick Love  
Address: 2500 Vista Rise  
Tall Fla 32304  
president

Name and Title: Traig Williams  
Address: 246 West Lane  
Quincy Fla 32351  
president

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Derrick Love  
Address: 2500 Vista Rise Apt D  
Tall Fla 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Derrick Love Traig Williams  
Address: 2500 Vista Rise Apt D  
Tall Fla 32304

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]

Required Signature/Registered Agent

1-28-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]

Required Signature/Incorporator

1-28-2011

Date