

P11000025383

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000025383 3)))



H11000025383ABCX

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To:
Division of Corporations
Fax Number : (850) 617-6381

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Account Name : EXPRESS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
D.T.D. DELIVERY INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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2/1/2011 11:41:23 AM PAGE 1/001 Fax Server

P. 002/003



February 1, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: D.T.D. DELIVERY INC
REF: W11000006057

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000025383
Letter Number: 911A00002635

FEB-01-2013 FRI 12:10 AM

P. 003/003

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.D. DELIVERY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

**809 Mades Drive
Fort Pierce, FL 34947**

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: **One thousand shares - One dollar per value**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jorge Osvaldo Hernandez-President**

Address: **809 Mades Drive
Fort Pierce, FL 34947**

Name and Title: _____

Address: _____

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: **Jorge Osvaldo Hernandez**

Address: **809 Mades Drive
Fort Pierce, FL 34947**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Jorge Osvaldo Hernandez**

Address: **809 Mades Drive
Fort Pierce, FL 34947**

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

Jorge O. Hernandez

Required Signature/Registered Agent

01-31-11

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.

Jorge O. Hernandez

Required Signature/Incorporator

01-31-11

Date