

P110000063030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

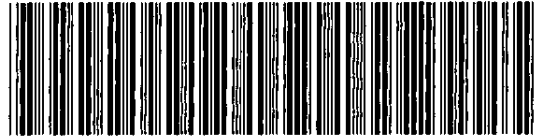
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700209367567

07/14/11--01001--004 **87.50

RECEIVED

11 JUL 13 PM 3:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 JUL 13 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W F

COVER LETTER

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

SUBJECT: Team Champ Courier Service Co
(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: Mary E. Burns
Name (Printed or typed)

P.O. Box 513
Address

Quincy, Florida 32353
City, State & Zip

510-4035 or 875-2986
Daytime Telephone number

Ellaburns1@TDS.net
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: Team Champ Courier Service CO

ARTICLE II PRINCIPAL OFFICE

Principal street address
2154 Atlanta St.
Quincy, Florida 32351

Mailing address, if different is:
P.O. Box 513
Quincy, Florida 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: small business - transporting
supplies & equipment of various

ARTICLE IV SHARES

The number of shares of stock is: (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary E. Burns - Administrator Name and Title: _____
Address: P.O. Box 513 Address: _____
Quincy, Fla. 32353

Name and Title: Christopher Burns - Assistant Administrator Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mary E. Burns
Address: 2154 Atlanta Street
Quincy, Fla. 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary E. Burns
Address: P.O. Box 513
Quincy, Fla. 32353

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

Mary E. Burns
Required Signature/Registered Agent

7-13-11
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.

Mary E. Burns
Required Signature/Incorporator

7-13-11
Date

FILED
11 JUL 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA