

P12000003/234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

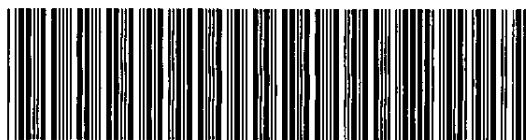
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600226240626

04/03/12--01003--002 **78.75

RECEIVED
12 APR -2 PM 3:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 APR -2 PM 3:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

VKT

COVER LETTER

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

SUBJECT: G B S Express Services Corp
(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: GREGORY BRUCE SHEPARD
Name (Printed or typed)
1505 E/BERTH DR
Address
Tallahassee FL 32304
City, State & Zip
850. 251-3571
Daytime Telephone number
Shepardy + Leon schools.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: G.B.S EXPRESS SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1505 ELBERTA DR
Tallahassee FL 32304

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SERVE THE COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GREGORY SHEPARD (P)
Address: 1505 ELBERTA DR
Tallahassee FL 32304

Name and Title:
Address: same

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: GREGORY SHEPARD
Address: 1505 ELBERTA DR
Tallahassee FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GREGORY SHEPARD
Address: 1505 ELBERTA DR
Tallahassee FL 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

Gregory Shepard
Required Signature/Registered Agent

4-2-12
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.

Gregory Shepard
Required Signature/Incorporator

4-2-12
Date