P1200079568

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

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

SUBJECT: B&B PACKAGE AND D	DELIVERY, INC
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: ERIK J WEHNER EA	(Printed or typed)
515 COLLEGE DR	Address
MIDDLEBURG, FL 3206	58 State & Zip
904-276-7686 Daytime Te	elephone number
ERIK@WEHNERFINANG E-mail address: (to be used	CIAL.COM I 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)

FILED GEORETARY OF STATE DIVISION OF CORPORATIONS

<u>ART</u>	ICLE I	NAME
Thom	ama aftha	

The name of the corporation shall be:

B&B PACKAGE DELIVERY, INC

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ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	316 BLAIRMORE BLVD W	515 COLLEGE DR
	ORANGE PARK, FL 32073	MIDDLEBURG, FL 32068
DATAL TO THE	PURPOSE	
	which the corporation is organized is:	
		D IN THE TRANSPORTATON OF AND
	DELIVERY.	DIN THE HANDI OKTAION OF AND
FACINAGE	DELIVERY.	
RTICLE IV		
he number of s	hares of stock is:1000	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ors
		NT Name and Title:
Address:	316 BLAIRMORE BLVD W	Address:
	ORANGE PARK, FL 32073	
	The state of the s	N. 10%)
		Name and Title:
Address:		
		
Name and	Title:	Name and Title:
Address:		Address:
·		
1 TO CO TO TO	DEGLEGGEDED 4 OFFICE	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable	s) of the registered agent is:
Name:	ERIK J WEHNER EA	
Address:	.515.COLLEGE.DR	
Addicss.	MIDDLEBURG, FL 32068	
	WIIDDLEBOKG, FL 32006	
RTICLE VII	INCORPORATOR	
he <u>name and a</u>	ddress of the Incorporator is:	
Name:	ERIK J WEHNER EA	<u></u>
Address:	515 COLLEGE DR	<u> </u>
	MIDDLEBURG, FL 32068	
Iavina haan na	med as registered agent to accept service of pro	cess for the above stated corporation at the place designated in
		registered agent and agree to act in this capacity
ns cernyreure, r	am junutua wan unu accept ine appointment as	registered agent and agree to der in this capacity
ろう) / 2 8/2-	9/17/2012
	Required Signature/Registered Agent	
	required Signature/registered Agent	Date
submit this do	cument and affirm that the facts stated herein	are true. I am aware that the false information submitted in a
	Department of State constitutes a third degree fe	
185	T) -04"	• •
0)	1	9/17/2012
<u> </u>	Required Signature/Incorporator	Date