

P12 0000 88208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

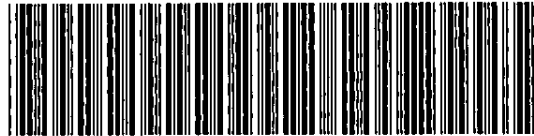
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/18/12--01003--011 \*\*140.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 OCT 17 PM 4:55  
NOT FORWARDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
12 OCT 18 PM 5:22  
TALLAHASSEE, FLORIDA

W12-58368

## COVER LETTER

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

SUBJECT: Express Groceries INC  
(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: Audrey Gautier  
Name (Printed or typed)  
6142 Eastfield Tr  
Address  
Tallahassee FLA 32308  
City, State & Zip  
850 376-5950  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2012

AUDREY GAUTIER  
6142 EASTFIELD TR  
TALLAHASSEE, FL 32308

SUBJECT: EXPRESS GROCERIES INC  
Ref. Number: W12000053368

We have received your document for EXPRESS GROCERIES INC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00025674

*Christina*  
I, ~~ANDREY~~ GAUTIER WILL NOT REINSTATE EXPRESS GROCERIES  
INC. DOCUMENT NUMBER P11000065614 AND I RELEASE THE  
NAME FOR USE.

*Christina Gautier*

FILED  
12 OCT 18 PM 5:22  
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: Express Groceries INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6142 East Field Tr  
Tall FIA 32308

Mailing address, if different is:

6142 East Field Tr  
Tall FIA 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Groceries Delivery Services

**ARTICLE IV SHARES**

The number of shares of stock is: 1 stock

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

Name and Title: Audrey Gautier Name and Title: \_\_\_\_\_  
Address: 6142 East Field Tr Address: \_\_\_\_\_  
Tallahassee FIA 32308

Name and Title: \_\_\_\_\_ 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: Audrey Gautier  
Address: 6018 Birch Farm Rd  
Tallahassee FIA 32317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Audrey Gautier  
Address: 6018 Birch Farm Rd  
Tallah FIA 32317

Having been named as registered agent to accept service of process for the above stated corporation of the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Audrey Gautier  
Required Signature/Registered Agent

10/17/12  
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.

Audrey Gautier  
Required Signature/Incorporator

10/17/12  
Date

FILED  
12 OCT 18 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA