

P 12000103518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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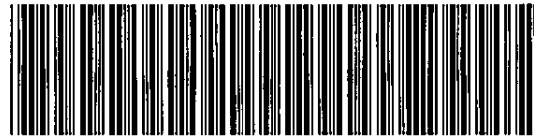
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 26 PM 4:13

12/26/12

COVER LETTER

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

SUBJECT: **Package Pro, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Alton D. Woodard**

Name (Printed or typed)

3700 Capital Circle SE Apt 813

Address

Tallahassee, Florida 32311

City, State & Zip

229-560-5823

Daytime Telephone number

woodardad@yahoo.com

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

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

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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: PACKAGE PRO, INC.

EFFECTIVE DATE 01/01/13

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3700 Capital Circle SE Apt 813
Tallahassee, Florida 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: specializes in cost-effective, small-package transportation, offering dependable commercial (business to business) delivery or convenient residential (business to consumer) service.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alton D. Woodard (CEO)

Address: 3700 Capital Circle SE Apt 813
Tallahassee, Florida 32311

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: Alton D. Woodard

Address: 3700 Capital Circle SE Apt 813
Tallahassee, Florida 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alton D. Woodard

Address: 3700 Capital Circle SE Apt 813
Tallahassee, Florida 32311

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

Alton D. Woodard

Required Signature/Registered Agent

December 3, 2012

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.

Alton D. Woodard

Required Signature/Incorporator

December 3, 2012

Date

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DEPT. OF STATE
DIVISION OF CORPORATIONS

12/25/2012

ARTICLE VIII

The effective date of Package Pro. Inc.
will be January 1, 2013.

Thank you
Atton D. Zfcoodad C.E.O.