

P13000027617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

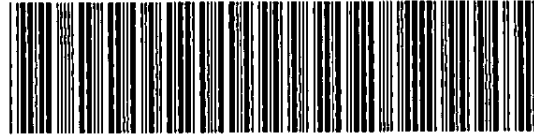
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300245688723

03/25/13--01032--034 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 25 PM 2:39

Ps 3/26/13

COVER LETTER

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

SUBJECT: **HITECH COURIER CORPORATION**
(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: **OLUKEMI OLUSANYA**
Name (Printed or typed)
18303 CYPRESS VIEW WAY
Address
TAMPA, FLORIDA 33647
City, State & Zip
1-813-728-7510
Daytime Telephone number
KEMIOLUSANYA@YAHOO.COM
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **HITECH COURIER CORPORATION**

13 MAR 25 PH 2: 39

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18303 CYPRESS VIEW WAY

TAMPA FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **1500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **OLUKEMI OLUSANYA, CEO**

Name and Title: _____

Address **18303 CYPRESS VIEW WAY**

Address: _____

TAMPA FL 33647

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 25 PM 2:39

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: OLUKEMI OLUSANYA
Address: 18303 CYPRESS VIEW WAY
TAMPA FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OLUSOLABOMI OLUSANYA
Address: 18303 CYPRESS VIEW WAY
TAMPA FL 33647

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



Required Signature/Registered Agent

3/21/2013

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.



Required Signature/Incorporator

3/21/2013

Date