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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	idress)	
(Cir	ty/State/Zip/Phone	e #)
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

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

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SUBJECT: DREVIL DELIVERY SERVICES, 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 \$78.75Filing Fee& Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM: DREVIL FAUSTA

Name (Printed or typed)

113 NE 54TH STREET

Address

MIAMI FL,33137

City, State & Zip

786-286-2665

Daytime Telephone number

faustadrevil@ymail.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 INCO)
ARTICLE I The name of the co	NAME reporation shall be: DREVIL DELIVER	Y SERVICES, I	NC.
	PRINCIPAL OFFICE Principal <u>street</u> address th STREET	Mailing ad	dress, if different is:
MIAMI FL;			······
ARTICLE III The purpose for w PRIVATE [PURPOSE nich the corporation is organized is: DELIVERY AND PICK UP ST	SMALL BUSINE	SS AND OMERS.
			TALE 13
ARTICLE IV The number of shar	<u>SHARES</u> es of stock is: 50		APR - 1 PH 4: 20 CRETARY OF STATE LAHASSEE FLORID
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR Title: DREVIL FAUSTA	_	LORIDA
Address	113 NE 54 TH STREET	Name and Title:	
1441453	MIAMI FL, 33137		
	PRESIDENT	÷	
Nome	Title: NICHOLAS GURLEY	Nome and Title:	
Address	13220 NW 21st AVE	Name and Title:	
//441635		Auuress,	·····
	MIAMI FL, 33168		
	VP		
Nome and	VP		
	VP Title: ANTOINETTE BELANGE		
Name and Address	VP	Name and Title:	

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Name and	1 Title:	Name and Title:	13 APR - 1 PM 4
Address		Address:	SECRETARY OF STALLAHASSEE FLO
		_	ALLAHASSEE FLO
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent	is:
	DREVIL FAUSTA		
Name:	113 NE 54TH STREET		
A 11	ISNE SHIT SIKEET		
Address:			
Address:	MIAMI FL, 33137		
	MIAMI FL, 33137		
<u>ARTICLE VII</u>			
<u>ARTICLE VII</u>	INCORPORATOR	ъ.	
ARTICLE VII The <u>name and ac</u> Name:	INCORPORATOR Idress of the Incorporator is:	÷.	
ARTICLE VII The name and ac	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET	s.	
ARTICLE VII The <u>name and ac</u> Name:	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA	.	
<u>ARTICLE VII</u> The <u>name and ac</u> Name: Address:	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET MIAMI FL, 33137	; for the above state	d corporation at the place d
ARTICLE VII The <u>name and ac</u> Name: Address: Having been nat	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET	for the above state istered agent and a	d corporation at the place d gree to act in this capacity
ARTICLE VII The <u>name and ac</u> Name: Address: Having been nat	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET MIAMI FL, 33137 med as registered agent to accept service of process	for the above state istered agent and a	gree to act in this capacity
ARTICLE VII The <u>name and ac</u> Name: Address: Having been nat	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET MIAMI FL, 33137 med as registered agent to accept service of process	for the above state istered agent and a	d corporation at the place d gree to act in this capacity 03/29/20 Date
ARTICLE VII The name and ad Name: Address: Having been nat this certificate, I	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET MIAMI FL, 33137 med as registered agent to accept service of process am familiar with and accept the appointment as region Required Signature Registered Agent	istered agent and a	gree to act in this capacity 03/29/20 Date
ARTICLE VII The name and ad Name: Address: Having been nar this certificate, I	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET MIAMI FL, 33137 med as registered agent to accept service of process am familiar with and accept the appointment as registered Incomposition of the appointment as registered agent to accept the appoint accept the accept the appoint accept the appoint accept the appoint accept the	istered agent and a 	gree to act in this capacity 03/29/20 Date hat the false information su
ARTICLE VII The name and ad Name: Address: Having been nar this certificate, I	INCORPORATOR Idress of the Incorporator is: DREVIL FAUSTA 113 NE 54TH STREET MIAMI FL, 33137 med as registered agent to accept service of process am familiar with and accept the appointment as region Required Signature Registered Agent trument and affirm that the facts stated herein are to	istered agent and a 	gree to act in this capacity 03/29/20 Date hat the false information su

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