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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
10/24/13

## COVER LETTER

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

SUBJECT: **AAB Express, 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: **Anthony Anderson**

Name (Printed or typed)

**1784 Cassingham Circle**

Address

**Ocoee, FL 34761**

City, State & Zip

**407-448-0003**

Daytime Telephone number

**aabxprss@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: AAB Express, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1784 Cassingham Circle  
Ocoee, FL 34761

Mailing address, if different is

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**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: transportation of goods

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Anthony Anderson/Pres.

Address: 1784 Cassingham Circle  
Ocoee, FL 34761

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: FILED  
Address: \_\_\_\_\_ Address: 13 OCT 24 PM 3:13  
\_\_\_\_\_  
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\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Beryl Pryor  
Address: 1249 Glenleigh Drive  
Ocoee, FL 34761

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Anthony Anderson  
Address: 1784 Cassingham Circle  
Ocoee, FL 34761

*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*

Beryl Pryor \_\_\_\_\_  
Required Signature/Registered Agent 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.*

Anthony Anderson \_\_\_\_\_  
Required Signature/Incorporator Date