

P/4000025920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

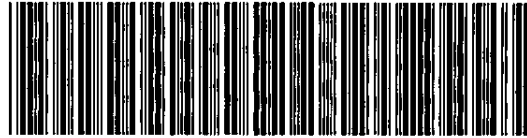
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/21/14--01024--017 **70.00

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14 MAR 21 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 03/24/14

COVER LETTER

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

SUBJECT: Tripple J. Delivery Service 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: Jarvis Jenkins
Name (Printed or typed)
4691 Duera Mae Dr.
Address
Fl Myers, FL 33908
City, State & Zip
239 839 8655
Daytime Telephone number
avila4725@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: Tripple J Delivery Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4691 Duera Mae Dr.
Ft Myers, Fl. 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide delivery service
to customers. Personal Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jarvis Jenkins - President Name and Title: _____

Address: 4691 Duera Mae Dr. Address: _____

Ft Myers Fl. 33908

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: Hector Avila
Address: 4825 Duera Mae Dr
Ft Myers, FL 33908

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jarvis Jenkins
Address: 4691 Duera Mae Dr.
Ft Myers, FL 33908

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TALLAHASSEE, FLORIDA

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 Hector Avila 3/15/14
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 7 3/15/14
Date