

05/08 032 38

#682 001/03

P14000055304

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000152369 3)))



H1400015236934BC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

FILED
14 JUN 25 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION LR DELIVERY SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

REC'D
14 JUN 25 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/24/14

H14000152369
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 JUN 25 AM 11:35

ARTICLE I NAME: The name of the corporation is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LR Delivery Services, Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

13851 SW 44th Avenue FL 33175

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Leslie Rodriguez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Leslie Rodriguez
13851 SW 44th Avenue, FL 33175

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Leslie Rodriguez
13851 SW 44th Avenue, FL 33175

H14000152369

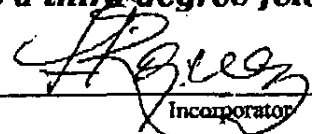
H14000152369

Required Signatures:

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

 6/25/2014
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.

 6/25/2014
Incorporator Date

FILED
14 JUN 25 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000152369