

P14000084822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

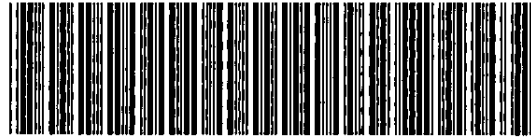
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W14-57976~~

Office Use Only



400263644694

09/19/14--01019--018 **78.75

14 OCT 14 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

WA

COVER LETTER

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

SUBJECT: full circle moving 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

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: michael morgan

Name (Printed or typed)

188 king arthur ct

Address

st augustine, fl 32086

City, State & Zip

904-814-0157

Daytime Telephone number

shabalabba1@bellsouth.net

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

MICHAEL MORGAN
188 KING ARTHUR CT
ST. AUGUSTINE, FL 32086

SUBJECT: FULL CIRCLE MOVING SERVICES INC
Ref. Number: W14000057976

We have received your document for FULL CIRCLE MOVING SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 514A00020304

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Ancient City Deliveries Inc.

14 OCT 14 PM 12:39

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different, is
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

188 king arthur ct
st augustine, fl 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: deliveries, pick ups,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: michael morgan p, vp, st

Name and Title: _____

Address 188 king arthur ct

Address: _____

st augustine, fl 32086

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)
APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

14 OCT 14 PM 12:39

Address _____

Address: _____

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: michael morgan
Address: 188 king arthur ct
st augustine , fl 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: michael morgan
Address: 188 king arthur ct
st augustine, fl 32086

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

9-17-14
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

9-17-14
Date