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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

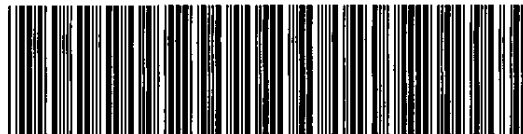
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015

T. BROWN

COVER LETTER

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

SUBJECT: TerraVance 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: Willie Calvin Barnes Jr.
Name (Printed or typed)
732 Suncrest Loop, Apt. 204
Address
Casselberry, FL 32707
City, State & Zip
407-775-9884
Daytime Telephone number
TerraVanceExpress@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: TerraVance Express, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

732 Suncrest Loop

Apt. 204

Casselberry, FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P, S, T, D

Name and Title:

Address Shakiyla Montrice McLin

Address:

732 Suncrest Loop, Apt. 204

Casselberry, FL 32707

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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: Willie Calvin Barnes Jr.

Address: 732 Suncrest Loop, Apt. 204

Casselberry, FL 32707

ARTICLE VII INCORPORATOR

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

Name: Willie Calvin Barnes Jr.

Address: 732 Suncrest Loop, Apt. 204

Casselberry, FL 32707

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Willie C Barnes Jr.
Required Signature/Registered Agent

October 28, 2015
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.

Willie C Barnes Jr.
Required Signature/Incorporator

October 28, 2015
Date