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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

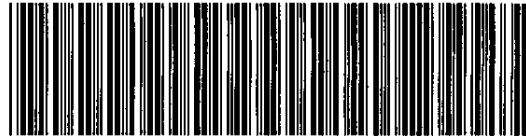
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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JAN 08 2016

T. SCOTT

# Bugs Bunny Express Inc.

1162 SW Melody Dr, Arcadia, FL 34266. 941-585-2654,  
mbrutuso3@gmail.com or bugsbunnyexpress@gmail.com

December 11, 2015

To whom it may concern:

Attached you will see a new application for the above mentioned company. The original corporation was dissolved due to failure of communication by previous registered agent. We were not notified that the annual report was due. We are re-submitting an application for the corporation. We never intended to have the company dissolved. We are keeping the original name **Bugs Bunny Express Inc.** with the original EIN # **46-5188988**. Please note the registered agent has changed.

Please accept this letter as an explanation to establish the corporation again. If you have any questions or concerns, please feel free to contact me via the above emails or phone number.

Thank you for time and cooperation.

Sincerely,



William L. Jones

mj/wj

## COVER LETTER

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

**SUBJECT:** BUGS BUNNY 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:** William & Marie Jones  
Name (Printed or typed)

1162 SW Melody Drive  
Address

Arcadia, Fl 34266-4245  
City, State & Zip

( 941 ) 585-2654  
Daytime Telephone number

mbrutus03@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: BUGS BUNNY EXPRESS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1162 SW MELODY DR.

same as street address

ARCADIA, FL 34266-4245

**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: 7,500

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

Name and Title: WILLIAM L. JONES - PRESIDENT

Name and Title: MARIE F. JONES - VICE PRESIDENT

Address 1162 SW MELODY DR.

Address: 1162 SW MELODY DR.

ARCADIA, FL 34266-4245

ARCADIA, FL 34266-4245

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: GARY J. MUNDELL

Address: 217 W. OAK STREET

ARCADIA, FL 34266-3915

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIE F. JONES

Address: 1162 SW MELODY DR.

ARCADIA, FL 34266-4245

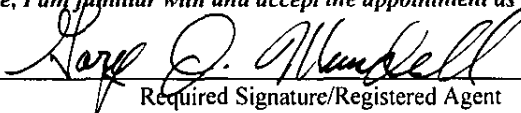
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JAN. 1st 2016 (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.

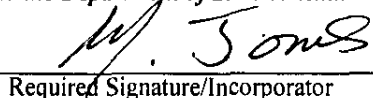
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

12/11/2015

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.*

  
Required Signature/Incorporator

12-15-15  
Date