

P170000003248

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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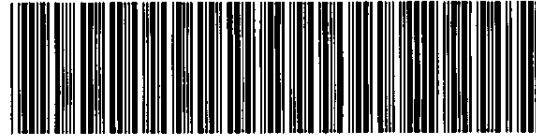
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF REVENUE
17 JAN 12 AM 10:31
FILED
17 JAN 12 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-12
143

COVER LETTER

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

SUBJECT: _____

Capital City Couriers 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: _____

Timothy Paul Henry

Name (Printed or typed)

187 Sand Pine Dr

Address

midway, FL 32343

City, State & Zip

850-559-2045

Daytime Telephone number

tp70@yahoo.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: Capital City Couriers INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

187 Sand Pine Dr

midway FL 32343

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Delivery, Courier, Transport
and Logistics.

EIN 81-4950727

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy P. Henry CEO

Name and Title: Lafaye D Henry Vice Pres

Address: 187 Sand Pine Dr

Address: 187 Sand Pine Dr

midway FL 32343

midway FL 32343

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: Timothy P. Henry

Address: 187 Sand Pine Dr.

Midway FL 32343

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy P. Henry

Address: 187 Sand Pine Dr.

Midway FL 32343

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

Timothy P. Henry

Required Signature/Registered Agent

1-12-2017

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.

Timothy P. Henry

Required Signature/Incorporator

1-12-2017

Date