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(Requestor's Name)

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(City/State/Zip/Phone #)

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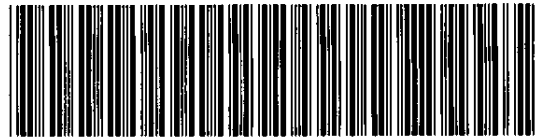
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
17-MAR-21 PM 4:38

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17-MAR-21 PM 6:09

C. GOLDEN

MAR 21 2017

COVER LETTER

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

SUBJECT: SessolyRose Carrier Service, 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: Wilbert Stanley
Name (Printed or typed)

4465 Wesley Dr.
Address

Tallahassee Fla 32303
City, State & Zip

850 508-1793
Daytime Telephone number

SessolyRoseTrans. Ad
E-mail address (to be used for future annual report notification)

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Sessaly Rose Courier Service Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

4465 Wesley Dr.

Tall, Fla 32303

Tallahassee

Mailing address, if different is:

P.O. Box 181011

Tall, Fla. 32310

Tallahassee

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Delivers Packages

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willard Stanley PST

Address: 4465 Wesley Dr.

Tall Fla. 32303

Tallahassee

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: 4465 Wesley Dr. Wilbert Stanley

Address: Tall Fla. 32303

Tallahassee

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ARTICLE VII INCORPORATOR

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

Name: Wilbert Stanley

Address: 4465 Wesley Dr.

Tall. Fla. 32303

Tallahassee

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

Will G. Stanley

Required Signature/Registered Agent

3-21-2017

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.

Will G. Stanley

Required Signature/Incorporator

3-21-2017

Date