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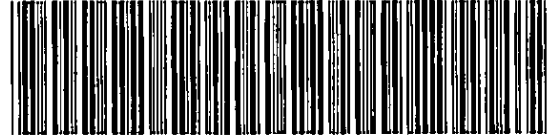
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17 JUL 24 PM 2:26
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AA CORD COURIER 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Karen A. Perry
Name (Printed or typed)

694 Buena Vista Avenue
Address

Ormond Beach, Florida 32174
City, State & Zip

(386) 252-4611
Daytime Telephone number

kperry694@att.net
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: Accord Courier Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

694 Buena Vista Avenue

Ormond Beach FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation-courier service by auto or delivery vehicle.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen A. Perry, President

Name and Title: _____

Address 694 Buena Vista Avenue

Address: _____

Ormond Beach, FL 32174

Name and Title: Michael V. Perry, Vice President

Name and Title: _____

Address 694 Buena Vista Avenue

Address: _____

Ormond Beach, FL 32174

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JULIA H. STAFF
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: Karen A. Perry _____

Address: 694 Buena Vista Avenue _____

Ormond Beach, FL 32174 _____

ARTICLE VII INCORPORATOR

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

Name: Karen A. Perry _____

Address: 694 Buena Vista Avenue _____

Ormond Beach, FL 32174 _____

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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 days prior or 90 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

• Karen A. Perry
Required Signature/Registered Agent

07/17/2017
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.

• Karen A. Perry
Required Signature/Incorporator

07/17/2017
Date