

P17000085951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

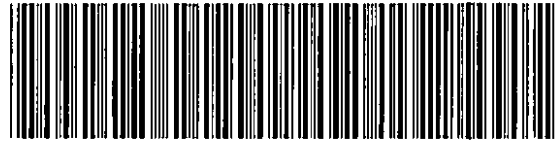
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 OCT 25 AM 2:03

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COVER LETTER

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

SUBJECT: A Courier who Cares 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:

Quenier Carol

Name (Printed or typed)

4126 NW 24th Terr

Address

Camden, FL 32605

City, State & Zip

352-800-792-4551

Daytime Telephone number

stmseaford512@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: A COURIER LUND CARRS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4126 NW 34th TERRACE
GAINESVILLE FL 32605

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DO ALL LEGAL
BUSINESS in the state of Florida!

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAY, GUYARD JR MGEP
Name and Title:

Address: 4126 NW 34th Address:
TERRACE
GAINESVILLE FL 32605

Name and Title: D/John McDaniel Name and Title:

Address: 4126 NW 34th Terr Address:
GAINESVILLE FL
32605

Name and Title: Name and Title:

Address: Address:

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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: John McDaniel
Address: 4126 NW 34th Terrace
Gainesville, Fla. 32605

ARTICLE VII INCORPORATOR

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

Name: John McDaniel
Address: 4126 NW 34th Terrace
Gainesville, FL 32605

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

John McDaniel
Required Signature/Registered Agent

Oct 25, 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.

John McDaniel
Required Signature/Incorporator

Oct 25, 2017
Date