

P18 00006686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

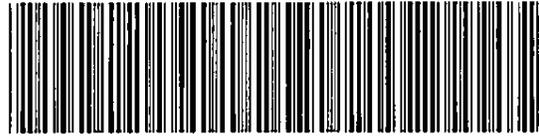
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG -3 AM 9:38
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OF THE SUPREME COURT
OF THE STATE OF TEXAS

COVER LETTER

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

SUBJECT: _____
(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: CHARLIE JAMES
Name (Printed or typed)

1800 344th Ave
Address

VERO BEACH FL 32960
City, State & Zip

772-584-9590
Daytime Telephone number

CHARLESJAMES1612@YAHOO.COM
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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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: Anytime DELIVERIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1800 34th Ave
VERO BEACH FL 32960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DELIVERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLIE JAMES (P) Name and Title: _____

Address: 1800 34th Ave Address: _____

VERO BEACH FL 32960

Name and Title: JANICE JAMES (SEC.) Name and Title: _____

Address: 1800 34th Ave Address: _____

VERO BEACH FL 32960

Name and Title: DARYL STINSON (D) Name and Title: _____

Address: 2915 AVENUE S Address: _____

FT PIERCE FL. 34947

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SEC. OF STATE
TALLAHASSEE, FL

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: CHARLIE JAMES
Address: 1800 34th AVE
VERO BEACH FL 32960

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLIE JAMES
Address: 1800 34th AVE
VERO BEACH FL 32960

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STATE OF FLORIDA
DEPARTMENT OF STATE

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

Charlie James
Required Signature/Registered Agent

8.3.2018
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.

Charlie James
Required Signature/Incorporator

8.3.2018
Date