

6/21/19

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Florida Department of State
Division of Corporations
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19 JUN 24 AM 9:01

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Broward Delivery Services Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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JUN 25 2019

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To: 18506176381 From: 12143052508 Date: 06/24/19 Time: 11:32 AM Page: 02/04
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850-617-6381 6/24/2019 11:35:41 AM PAGE 1/001 Fax Server

19 JUN 24 AM 9 02



June 24, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALINC

SUBJECT: BROWARD DELIVERY SERVICES INC.
REF: W19000059119

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H19000194409
Letter Number: 919A00012720

((H19000194409 3)))

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

19 JUN 24 AM 9 02

ARTICLE I NAME
The name of the corporation shall be: Broward Delivery Services Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1750 Northeast 40th Place
Oakland Park, FL. 33334
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Transportation & Warehousing

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Yarbrough, President</u>	Name and Title:	<u>Michael Yarbrough, Secretary</u>
Address:	<u>1750 Northeast 40th Place</u> <u>Oakland Park, FL. 33334</u>	Address:	<u>1750 Northeast 40th Place</u> <u>Oakland Park, FL. 33334</u>

Name and Title:	<u>Michael Yarbrough, CFO/Treasurer</u>	Name and Title:	<u>Michael Yarbrough, Chairman</u>
Address:	<u>1750 Northeast 40th Place</u> <u>Oakland Park, FL. 33334</u>	Address:	<u>1750 Northeast 40th Place</u> <u>Oakland Park, FL. 33334</u>

Name and Title:	<u>Michael Yarbrough, Director</u>	Name and Title:	_____
Address:	<u>1750 Northeast 40th Place</u> <u>Oakland Park, FL. 33334</u>	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: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL. US. 33907

ARTICLE VII INCORPORATOR

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

Name: Nancy Luna

Address: 10601 Clarence Dr STE 250
Friseo, TX 75033

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

<u>Nancy Luna</u>	06/21/2019
Required Signature/Registered Agent	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.

<u>Nancy Luna</u>	06/21/2019
Required Signature/Incorporator	Date

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