

P19000074603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

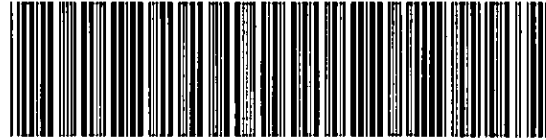
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/23/19 010:11 015 4479.75

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19 AUG 23 PM 6:56
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2019

LISA NOWAK
419 A COLLEGE DR
MIDDLEBURG, FL 32068

SUBJECT: EUROPEAN DISPATCH SERVICES, INC
Ref. Number: W19000081717

We have received your document for EUROPEAN DISPATCH SERVICES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Marti Simmons
Regulatory Specialist II

Letter Number: 919A00018487

COVER LETTER

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

SUBJECT: EUROPEAN DISPATCH SERVICES, 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: LISA A. NOWAK
Name (Printed or typed)

419 A COLLEGE DR.
Address

MIDDLEBURG FL 32068
City, State & Zip

904-798-0502
Daytime Telephone number

LISA@EUROPEANDISPATCH.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: EUROPEAN DISPATCH SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

419A COLLEGE DR.

MIDDLEBURG FL 32068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISA A. NOWAK, PRESIDENT

Name and Title: _____

Address 419 A COLLEGE DR.

Address: _____

MIDDLEBURG FL 32068

Name and Title: GERALD SOKERKA, VICE PRESIDENT

Name and Title: _____

Address 419A COLLEGE DR

Address: _____

MIDDLEBURG FL 32068

Name and Title: DARRYL MCGEE, VICE PRESIDENT

Name and Title: _____

Address 419 A COLLEGE DR.

Address: _____

MIDDLEBURG FL 32068

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CLERK OF STATE
TAMMASEE, 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: LISA A. NOWAK

Address: 419A COLLEGE DR.

MIDDLEBURG FL 32068

ARTICLE VII INCORPORATOR

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

Name: LISA A. NOWAK

Address: 419A COLLEGE DR.

MIDDLEBURG FL 32068

ARTICLE VIII EFFECTIVE DATE: 08/21/2019

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

Lisa A. Nowak

Required Signature/Registered Agent

08/21/2019

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.

Lisa A. Nowak

Required Signature/Incorporator

08/21/2019

Date

Wood, Catherine M.

From: European Dispatch Services Inc. <info@europeandispatch.com>
Sent: Friday, October 4, 2019 10:08 AM
To: Wood, Catherine M.
Subject: Sunbiz Filing Update

Importance: High

EMAIL RECEIVED FROM EXTERNAL SOURCE

Good morning!

I, Lisa A. Nowak, will no longer be using, and will not re-activate the European Dispatch Services Inc with document number P13000091664.

Please accept the filing with document number W19000081717 for European Dispatch Services, Inc.

Thank you,

Lisa Nowak
European Dispatch Services Inc.
419A College Dr.
Middleburg, FL 32068
Office: 904-326-1500 Ext. 1000
Direct: 904-798-0502
DOT# 2449504
MC# 846548

P190000074603