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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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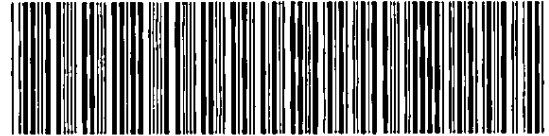
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 FEB 23 AM 11:14

2021 FEB 23 AM 11:06

COVER LETTER

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

SUBJECT: Sessaly Rose 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 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: Wilbert J Stanley
Name (Printed or typed)

1244 Continada Ct.
Address

Tallahassee Florida 32304
City, State & Zip

850-459-9215
Daytime Telephone number

SessalyRoseTrans Arl.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: Sessaly Rose Courier Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1244 Continental Ct
Tallahassee Florida 32304

Mailing address, if different is:

P.O. Box 151011
Tallahassee Florida 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willbert J. Stanley Name and Title: _____

Address: 1244 Continental Ct Address: _____
Tallahassee Florida 32304
P.S. Terence

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2021 FEB 23 AM 11:06

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: Wilbert J Stanley
Address: 1244 Continental Ct
Tallahassee FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wilbert Stanley
Address: 1244 Continental Ct
Tallahassee Florida 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-8-2021 ^{WS} (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

Wilbert J Stanley
Required Signature/Registered Agent

2-23-2021
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.

Wilbert J Stanley
Required Signature/Incorporator

2-23-2021
Date