

pa2000051771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

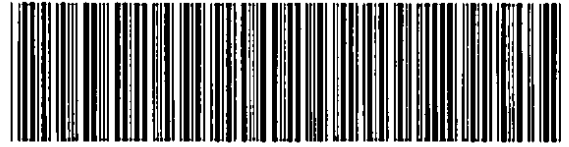
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/22--01011--026 *\$87.50

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2022 JUN 9 PM 10:01

To whom it may concern I would like to dissolve the corporation of Total Express Transportation Service INC (No for # N 22 0000 5474. During the initial application I made a mistake and chose not for profit for this current corporation. But it's supposed to be a for profit corporation.

I'm going to dissolve the original online and I am sending in a new Application to have Total Express Transportation Services INC as a for ~~not~~ profit corporation. I would like to use all the information from the original Application.

I have enclosed a money order in the amount of \$7.50 as well as all up dated and signed documents

Email address is totalexpresstransportation58@gmail.com

my contact info is Shamika Moore
(907) 924-5032

Shamika Moore

6/7/20

2022 JUN -9 AM 10:00

COVER LETTER

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

SUBJECT: Total Express Transportation 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: Shamika Moore
Name (Printed or typed)

P.O. Box 61535
Address

Jacksonville Florida 32236
City, State & Zip

(904) 924-5032
Daytime Telephone number

totalexpresstransportation58@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2022 JUN -9 AM 10:00

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: Total Express Transportation Services INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1403 Dunn Ave #502 #100
Jacksonville FL 32218

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To own and successfully own a
transportation business that will employ and provide
individuals and provide transportation services for working
families and for those who are unable to
commute by themselves.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shamika Moore (CEO)

Address: 1559 Auburn Run E.
Orange Park FL 32073

Name and Title: Samantha Hall (CEO)

Address: 1570 Lane Ave #609
Jacksonville FL 32210

Name and Title: Tynzhe Grayer (CEO)

Address: 1591 Lane Ave #F203
Jacksonville FL 32210

Name and Title: Emilio Lawrence (CEO)

Address: 3104 Brevard Dr
Jacksonville FL 32209

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Shamina Moore

Address: 1954 Aaron Run East

Orange Park FL 32063

ARTICLE VII INCORPORATOR

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

Name: Shamina Moore

Address: 1954 Aaron Run East

Orange Park FL 32063

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/7/20 (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

Shamina Moore
Required Signature/Registered Agent

6/7/20
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.

Shamina Moore
Required Signature/Incorporator

6/7/20
Date

2022 JUN 9 AM 10:00