P22000051771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

2022 JUN -9 A 10:01

To whom it may concern I would like to dissolve the corporation of Total Express transportation Service INC (Non for p # N22000005474. During the initial applica I made a mistake and chose Non for profit for this current corporation. But it's suppo to be a for profit corporation.

I'm going to dissolve the orginal onlin and I am sending in a new Application to have Total Express Transporta Services INC as a for ~~Non~~ profit Corporation. I would like to use all the information From the orginal Application.

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

Email address is totalexpresstransportation59@g

my contact info is Shaniqua Moore
(904) 924-5032

Shaniqua 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 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: 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 # Ste 24 # 104
Jacksonville FL 32218

Mailing address, if different is:
Same

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To open and successfully run a transportation business that will employ low income individuals and provide transportation services to 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: 1659 Acorn Run E.
Orange Park Fl 32073

Name and Title: Samantha Hall (CEO)
Address: 1516 Lane Ave #609
Jacksonville Fl 32210

Name and Title: Tynekhe Grier [CEO]
Address: 1591 Lane Ave # F203
Jacksonville Fl 32210

Name and Title: Emiko Lawrence [CEO]
Address: 3104 Bruce 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: Shamika Moore

Address: 1951 Acorn Run East

Orange Park FL 32073

ARTICLE VII INCORPORATOR

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

Name: Shamika Moore

Address: 1951 Acorn Run East

Orange Park FL 32073

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/7/22. (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

Shamika Moore 6/7/22

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.

Shamika Moore 6/7/22

Required Signature/Incorporator Date

2022 JUN -9 AM 10:00