

P23000017979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

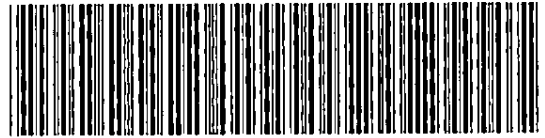
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAR 9 10:35 AM

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ALLIANCE

## COVER LETTER

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

**SUBJECT:**

Lee Delivery Service 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:

Antonio Lee  
Name (Printed or Typed)

Name (Printed or typed)

4548 NW Lovett Rd

Address

Greenville, FL 32331

City, State &amp; Zip

850 5/0 9993

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Antonio Lee

Address: 4548 NW 60th Rd  
GreenVile, FL 32331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Antonio Lee

Address: 4548 NW Lovett Rd  
Greenville, FL 32331

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/8/2023 (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.

Antonio Lee

Required Signature/Registered Agent

3/8/2023

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.*

Antonio Lee

Required Signature/Incorporator

Date 3/8/2023