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

100003000061--5 -09/29/93--01042--014 *****78.75 *****78.75

SUBJECT:

1 P

CHRIS OUSLEY DELIVERY, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee STREET STREET

& Certificate of Status

\$78.75	□ \$87.50
' Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM:	KIMBERLY K. OUSLEY / OFFICER	·
	Name (Printed or typed)	
	9923 Prevatt Street	SEP 2
-	Address	- 0
	Gibsonton, Florida 33534	
-	City, State & Zip	38
	(813)505-0030 or (813)677-7834	

Daytime Telephone number



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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME The name of the corporation shall be:

CHRIS OUSLEY DELIVERY, INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

ARTICLE III SHARES

1 The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are: Kimberly K. Ousley 9923 Prevatt Street Gibsonton, Fl

ARTICLE V **INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

CHRIS OUSLEY 9923 Prevatt Street 33534 Gibsonton, Fl

33534

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature (Registered Agent



MAILING ADDRESS:

STREET

33534

FL

9923 PREVATT

GIBSONTON,