

Charter Affidavite, For Profit Business (Affidavite 4417)



Ministrie for Commerce and Business

Harold Walker, Ministar
694 West Mitchell Road
Memphis Tennessee 38109
(901) 490 8494

For Office Use Only

The undersigned, acting as organizor(s) of a For-Profit Business under the provisions of the Tennessee Business Organization Act, adopt the following For-Profit Business Charter or For Profit Benefit Business Charter:

1. The name of the Business is: H W Delivery Systems Company

Pursuant to the provisions of Tennessee Law § 48-14-101(a)(1), each business name must contain the words "business," "organized," or "company" or the abbreviation "co."

2. Name Consent (Written Consent for Use of Indistinguishable Name):

This entity name already exists in Tennessee and a Notice for Use of Indistinguishable Name has been filed.

3. This Business has the additional designation of: H W Delivery Systems Co.

4. Professional Business: if professional business is designated, check the box. For example Architect, Attorney, Certified Public Accountant, Chiropractor, Dentist, Engineer, Ophthalmologist, Physical Therapist, Physician, Psychiatrist, Psychologist, Veterinarian.

I affirm that the business is a professional business and that its purpose is to render the licensed professional service(s) as defined in Tennessee Law § 48-101-603(7).

Licensed professional service(s): _____

For-Profit Benefit Business: if for-profit benefit business is designated, include a statement as to the purpose or purposes for which the business is organized and identify one (1) or more public benefits to be pursued by the business:

Business is organized to perform commercial activities pursuant to laws for Tennessee and the United States for America through contracts, appropriation contracts and other, for delivery services, also available for the public at large.

5. Fiscal Year Ending Month: D e c e m b r e

6. The complete address of the Business's principal office is:

Address: 694 West Mitchell Road

City: Memphis _____ State: Tennessee Zip: 38109 _____ County: Shelby _____

7. The complete mailing address of the Business (if different from the principal office address) is:

Address: Post Office Box 901197 _____

City: Memphis _____ State: Tennessee Zip: 38109 _____ County: Shelby _____

8. The business email address is: harold@hwdelivery.com_____

9. Period of duration: Perpetual Other Date (mm/dd/yyyy): _____

10. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is (Not to Exceed 90 days): Effective Date (2026January01): _____ Time: 0800 ante meridian _____

11. The number of shares of stock the Business is authorized to issue is: 100,000 _____

12. Nature of Business (North American Industry Classification System Code):

1. 492110 Description: Courier, Hot Shot, Express _____

2. 492210 Description: Local, delivery, messenger _____

3. 4931 Description: Storage, Logistics _____

13. List the name and complete address of each organizor:

Name: Harold Walker _____ Address: Post Office Box 901197, Memphis, Tennessee 38109 _____

Name: _____ Address: _____

Name: _____ Address: _____

14. Other provisions: _____

15. The Business is for profit.

16. The initial recordor is: an person an organization

17. The name, complete address, and email address of the initial registered agent and office located in the Tennessee Terrotorie is:

Name or Organization: Harold Keith Walker _____

Address: Post Office Box, 901197 _____

City: Memphis _____ State: Tennessee Zip: 38109 _____ County: Shelby _____

Email: harold@hwdelivery.com _____

By signing this document, I affirm that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct, and complete as of this day.


Organizor's Signature _____ 2026 January 01
Date _____

Harold Keith Walker
Organizor's Name (printed or typed) _____

***Note: Pursuant to Tennessee Law § 10-7-503, all information on this form is public record.**