

Charter Affidavite, For Profit Businesse (Affidavite 4417)



Ministrie for Kommurce and Businesse

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 Businesse under the provisions of the Tennessee Businessse Organization Act, adopt the following For-Profit Businessse Charter or For Profit Benefit Businessse Charter:

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

Pursuant to the provisions of Tennessee Law § 48-14-101(a)(1), each businesse 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 Businesse has the designation(s) of: H W Delivery Systems Co.; H W Delivery Systems; H W Delivery

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

I certify that the businesse

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

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

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

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

Address: 694 West Mitchell Road

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

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

Address: Post Office Box 901197 _____

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

8. The businesse email address is: harold@hwdelivery.com

9. Period of duration: Perpetual Other Date (mm/dd/yyyy): Does not expire

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

13. (North American Industry Classification System Code):

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

2. 492210 Description: Local, delivery, messenger _____

3. 4931 Description: Storage, Logistics _____

14. List the name and complete address of each organizer:

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

Name: _____ Address: _____

Name: _____ Address: _____

15. Other provisions: _____

16. The Business is for profit.

17. The initial registered agent is: an person an organization

18. The name, complete address, and email address of the initial registered agent and office located in the Tennessee Territorie 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 record this document on behalf of this entity, have examined the document and, to the best of my knowledge, it is true, correct, and complete as of this day.


Organizer's Signature _____ 2026 January 01
Date

Harold Keith Walker

Organizer's Name (printed or typed) _____ 2026 January 01
Date


Secretary for State Tennessee _____


Ministar for Kommurce and Business _____

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

