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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION IL SERVICES EXPRESS CORP

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Services Express Corp  ARTICLE II PRINCIPAL OFFICE:	
<del></del>	
The principal street address and mailing address is:	
5901 NW 151 St. Ste 201	
Miami Lakes FL 33014	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
President: Israel Licea	
SECHCI LLSHS	
HAS TO SEE THE	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Registered Agent: Israel Licea	
Registered 2 specific and a specific	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Israel Licea	

## Required Signatures:

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

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 adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator

08/16/2022 Date

FILED

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