## P15000080730

(Re	questor's Name)					
(Ad	dress)					
(Ad	idress)					
(Cit	ry/State/Zip/Phone	e #)				
·		•				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
(50	oument Numbery					
Certified Copies	Certificates	of Status				
•						
Special Instructions to	Filing Officer:					

Office Use Only



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## **COVER LETTER**

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

SUBJECT: SEND	IT EXPRESS	corp.		
SUBJECT:	(PRC	POSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one	(1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY RE			
FROM:	Z MARINA JI		e (Printed or typed)	
			Address	
OR	LANDO, FL 3	2805		
		City	, State & Zip	
407	839 8558	(427) 402-2	160 Cell.	
		Daytime '	Telephone number	
LUZ	ZJUSAKOS@	GMAI.COM		
<del></del>	E-mai	l address: (to be use	ed for future annual report	notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRING	CIPAL OFFICE Principal street address	Mailing	address, if different is:
Z MARINA JUSAK	COS	2800 SOUTH OF	RANGE BLOSSOM TRAII
	OSE the corporation is organized is:  ECIEVE PACKAGES, SEND FAXES	IT TO PUT SOME MAILBOX S, ETC,	TES
TICLE IV SHAR number of shares of SICLE V INITIA  Name and Title	stock is:	ENT	
number of shares of	Stock is:  AL OFFICERS AND/OR DIRECTORS  LUZ MADINA ILISAVOS (PDESID	ENT	
number of shares of  TICLE V INITIA  Name and Title  Address	stock is:	ENT) Name and Title: Address:	Do'.
number of shares of  TICLE V INITIA  Name and Title  Address	Stock is:	ARY Name and Title:	SEC AT SEP
Name and Title  Name and Title  Address	Stock is:  AL OFFICERS AND/OR DIRECTORS  LUZ MARINA JUSAKOS (PRESID  3400 SOUTH CRYSTAL LAKE DR  ELIZABETH MARTINEZ (SECRET	ARY Name and Title:  Address:  ARY Name and Title:  Address:  Name and Title:	15 EP 14 14 12 15 15 15 15 15 15 15 15 15 15 15 15 15

Name a	and Title:	Name and Title:	
Addres	ss	_ Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	LUZ MARINA JUSAKOS	_	*gles , , more to
Address:	3400 SOUTH CRYSTAL LAKE DR.		
	ORLANDO, FL 32806	<del>-</del>	F 24
ARTICLE VII	INCORPORATOR		
The name and s	address of the Incorporator is:		200
Name:	LUZ MARINA JUSAKOS	_	`` <b>`</b>
Address:	3400 SOUTH CRYSTAL LAKE DRIVE		
	ORLANDO, FL 32806		
Effective date, i (If an effective days after the i		ot be more than five busines	s days prior or 90 business
	te inserted in this block does not meet the applicable effective date on the Department of State's records.		, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corpore gistered agent and agree to ac	ct in this capacity
	Paris of Sizestand Assay	<del></del>	9-21-2015 Date
	Required Signature/Registered Agent		•
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor		
	mSSI	-y pro-remon joe ur mus/1201	9-21-2015
Réqu	ired Signature/Incorporator		Date