

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

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FOREIGN PROFIT/NONPROFIT CORPORATION

Eastcair Express Inc.

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Certificate of Status	0
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DEPARTMENT OF STATE
BIVISION OF CORPORATIONS
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	R EXPRESS INC.			
	corporation; must include "INCORPORATED Corp." "Inc.," "Co.," or "Corp.")	," "COMPANY," "CORPORATION,"		-
, 50,,	ivip, mo, ou, a cosp.,			
				<u> -</u>
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business	s in Florida))
2. DELAWA		46-2948636	··- ··-	<u></u>
_	under the law of which it is incorporated)	(FEI number, if applicable)		
4. JUNE OF		PERPETUAL		_ ·
	e of incorporation)	(Duration: Year corp. will cease to exist or "	perpetuai")	
6. UPON C	QUALIFICATION	in Florida, if prior to registration)		_
	(SEE SECTIONS 607.1501 & 607.1	1502, F.S., to determine penalty liability)		
7. 6303 Bl	LUE LAGOON DRIVE, STE 40	00, MIAMI, FLORIDA 33126	72 M	ದ
	(Principal office add		5.8	<u>-</u>
6303 BL	LUE LAGOON DRIVE, STE 40	00, MIAMI, FLORIDA 33126	35.	- 2
	(Current mailing add	dress)		-
8. ANY LA	AWFUL PURPOSE		3	3 5
· ·	s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)		-5
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	:	$\frac{\mathcal{L}}{\mathcal{L}}$
Name:	GREGORY HODGE			
Office Address:	6303 BLUE LAGOON DRIVE, STE	400		
Office Address:				
	MIAMI	, Florida 33126 (Zip code)		
	(City)	(Zip code)		
	gent's acceptance:			_
riaving been nam designated in this	ed as registered agent and to accept serve application, I hereby accept the abpoints	ice of process for the above stated corporat ment as registered agent and agree to act is	ion at the ; n this cana	place witv. T
further agree to c	omply with the provisions of all statutes i	relative to the proper and complete perform	iance of m	y duties,
and I am famillar	with and accept the obligations of my po	sition as registered agent.		
		•		
-	(Registered agent's signature)			

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

Chairman: MARLANDO TOYLOY Address: 6303 BLUE LAGOON DRIVE, STE 400, MIAMI, FLORIDA 33126 Vice Chairman: Address: 550 550 550 550 550 550 550 550 550 55	A. DIREC	TORS		
Vice Chairman: Address: Director: Address: GREGORY HODGE	Chairman: _	MARLANDO TOYLOY		
Address: Director: Address: GREGORY HODGE	Address:	6303 BLUE LAGOON DRIVE, STE 400, MIAMI, FLORIDA 33126		
Address: Director: Address: GREGORY HODGE				
Director:	Vice Chairm	an:	<u></u>	
Address: GREGORY HODGE GREGORY HODGE	Address:			
Address: GREGORY HODGE GREGORY HODGE		<u> </u>	-	
Address: GREGORY HODGE GREGORY HODGE	Director:		<u></u>	
Director: GREGORY HODGE	Address:			
			· · · ·	'n
	Director	GREGORY HODGE	⊐: /-	
- BARTISEC - COUCHELLING CONTROL BUILDING CONTROL TOUR STATE STATE STATE OF THE CONTROL OF THE C		6303 BLUE LAGOON DRIVE, STE 400, MIAMI, FLORIDA 33126	: 2(
Addiess.	Audicss			
B. OFFICERS	R OFFIC	FDS		
President: GREGORY HODGE				
•				
Address: 6303 BLUE LAGOON DRIVE, STE 400, MIAMI, FLORIDA 33126	Address:	6303 BEGE EAGOON BRIVE, 31E 400, MIRWIT, 1 EORIDA 63120		
Vice President:	Vice Preside	ni:		
Address:	Address:			
	 -			
Secretary:	Secretary: _			
Address:	Address:			
Treasurer:	Treasurer: _			
Address:	Address:	· /	, <u>.</u>	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		<i>,</i>	i.	
13.				
Signature of Director or Officer		Signature of Director or Officer	d hore	i
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a	are true and	I that he or she is aware that false information submitted in a document to the Department of State co	nstitu	tes a
third degree felony as provided for in s.817.155, F.S.	third degree			
14. GREGORY HODGE (Typed or printed name and capacity of person signing application)	14			

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EASTCAIR EXPRESS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EASTCAIR EXPRESS INC." WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

SLOKE WILLS BY 4: 26

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You may verify this certificate online at corp.delaware.gov/authver.shtml

DETITIES W. Bullock, Secretary of State

DATE: 06-11-13

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