OFICE DESC ONLOCATION OF THE PROPERTY OF THE P

(Address)
MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.	ALL EXPRESS MUL	TISERVICES, (Document #)	IN	7
2. 3.	(Corporation Name)	(Document #)		•
J. 1.	(Corporation Name)	(Document #)	OO MAR	REC
	(Corporation Name) Walk in Pick up time 2 0	(Document #) Certified Copy	24 MI	EIVE
	Mail out Will wait Photocopy	Certificate of Status	= = = = = = = = = = = = = = = = = = =	O

, NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

130	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger



OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

¥08	REGISTRATION/ QUALIFICATION	
	Foreign	
7	Limited Partnership	1
1	Reinstatement	
	Trademark	
	Other	

600003182786--2 -03/24/08--01048--017 *****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

2. 2.

Plorida Busines Incorporation.	ARTICLE I NAME	S SF
	ARTICLE I NAME ARTICLE I NAME ARTICLE I NAME	
The name of th	e corporation shall be:	SEC.
	ALL EXPRESS MULTISERVICES, INC	 :
	ARTICLE II PRINCIPAL OFFICE	
The principal pl	ace of business and mailing address of this corporation shall be:	
	727 S. Semoran Blvd. Orlando, Fl. 32807	
£*		
	ARTICLE III SHARES	
The number of si outstanding at ar	hares of stock that this corporation is authorized to have ny one time is:	
۰,	5,000	.2
ARTICLE IV	INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and ad	dress of the initial registered agent is:	
	Rafael Capellan 727 S. Semoran Blvd. Orlando, Fl. 32807	

ARTICLE V INCORPORATOR(S)

	Blvd. 2807	dental desired	
	ARTICLE VI DIRECT	OR(S)	
, , ,	t address(es) of the director(s) to these Artic	les of
incorporation is (are):			
727 S. Semoran	n—Presddo Blvd. 2807		

Signature
Signature
Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT