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TRANSMITTAL LETTER

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

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-08/14/00--01073--018
*****87.50 *****87.50

SUBJECT:

CUBATOUR EXPRESS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Luis M. Jaime

Name (Printed or typed)

1911 NW. 27 Street

Address

Miami, Fla

City, State & Zip

1- 305-439-1286 (Spanish)

Daytime Telephone number

2- 305-588-9446 (English)

FILED
00 AUG 14 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GK 8/22

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CUBATOUR Express INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1911 NW 27 Street, Miami Fla 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medicine, Donation, Gift, Clothing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Luis M. Jaime

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Luis M. Jaime
1911 NW 27 St
Miami Fla 33142*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Luis M. Jaime
1911 NW 27 Street
Miami Fla 33142*

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

Luis M. Jaime

Signature/Registered Agent

Date

8/11/02

Luis M. Jaime

Signature/Incorporator
Luis M. Jaime

Date

8/11/02

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TALLAHASSEE, FLORIDA