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EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

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CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

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OFFICE USE ONLY

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

1. CUBA CONGA EXPRESS, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Date SEPTEMBER 13, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re CUBA CONGA EXPRESS, INC. Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

CUBA CONGA EXPRESS, INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
11354 SW 184 STREET		
MIAMI, FLORIDA 33157		
PHONE		
( 305 )	256-1782	
Area Code	Phone Number	Ext

**ARTICLES OF INCORPORATION**

of

CUBA CONGA EXPRESS, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

CUBA CONGA EXPRESS, INC.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$1.00 ) par. value Common Stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	LUISA M. PEREZ		
ADDRESS	11354 SW 184 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33157

The principal office, if known, or the mailing address of the corporation is:

NAME	CUBA CONGA EXPRESS, INC.		
ADDRESS	11354 SW 184 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33157

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	LUISA M. PEREZ	PRESIDENT	80% SHARES
ADDRESS	11354 SW 184 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33157
NAME	JUAN J. FRANCO	VICE PRESIDENT	20% SHARES
ADDRESS	11354 SW 184 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33157
NAME			
ADDRESS			
CITY		STATE	ZIP

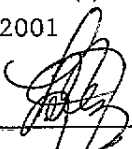

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	LUISA M. PEREZ		
ADDRESS	11354 SW 184 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33157
NAME	JUAN J. FRANCO		
ADDRESS	11354 SW 184 STREET		
CITY	MIAMI	STATE	FLORIDA ZIP 33157
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 13 day of SEPTEMBER XX 2001

  
\_\_\_\_\_  
(Seal)  
  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

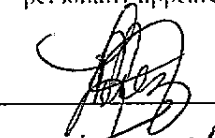

STATE OF FLORIDA )

SS

COUNTY OF MIAMI-DADE )

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared

LUISA M. PEREZ and JUAN J. FRANCO

 _____ Signature	FL DL# P620-533-65-805-0 _____ Form of Identification
 _____ Signature	FL DL# F652-429-47-428-0 _____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these articles of Incorporation, that I relied upon the form      of identification of the above named person      as indicated opposite each name, and that an oath was not taken

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

13 day of SEPTEMBER XX 2001

Notary Signature

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

CUBA CONGA EXPRESS, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 11354 SW 184 STREET

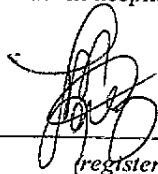
MIAMI, FLORIDA 33157

has named LUISA M. PEREZ

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

## ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



(registered agent)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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