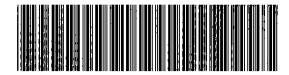
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

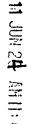
Office Use Only



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05/18/11--01018--020 **78.75







COVER LETTER

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

SUBJECT: AIR EXPRESS, INC		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
		· · · · · · · · · · · · · · · · · · ·
\$70.00 \$78.75	\$78.75	57.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
	ADDITIONAL CO	Status
	ADDITIONAL CO	JPY KEQUIKED
FROM: Reinaldo Oliva	(Printed or typed)	
8400 NW 31 AVE	Address	
Miami, FL 33147 City,	State & Zip	
•	elephone number	
reycher0246@yahoo.c E-mail address: (to be used	om I for future annual report	notification)

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



RECEIVED 11 JUN 13 PM 12: 46 JIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2011

REINALDO OLIVA 8400 NW 31 AVE MIAMI, FL 33147

SUBJECT: AIR EXPRESS, INC Ref. Number: W11000027776

We have received your document for AIR EXPRESS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 911A00012514

REINALDO OLIVA 8400 NW 31 AVE MIAMI, FL 33147

RECEIVED

11 JUN 24 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Jun 20, 2011

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

Ref. Number: W11000027776

I had follow up today with your office in regards to Eagle Express, Inc Article of Incorporation and I was told that you already have the name on hold. Please accept this new Article of Incorporation for Eagle Xpress, Inc.

If you have any questions, please don't hesitate to contact me.

Thank you for your time.

Sincerely,

Reinaldo Oliva

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

ARTICLE I N The name of the corpo	EAGLE XPRESS, INC		•
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address	Maili	ing address, if different is:
	00 NW 31 AVE		
<u>Mi</u> a	ami, FL 33147		·····
			
ARTICLE III P	TDDOCE		
· · · · · ·	ch the corporation is organized is:		
Transportation	in the corporation is organized is.		
rransportation			
	<u>HARES</u>		
The number of shares	of stock is:100		
ADTICLE V II	NITIAL OFFICERS AND/OR DIRECTOR	e	
	:Reinaldo Oliva		
Address:	8400 NW 31 AVE	Address:	
rida oss.	Miami, FL 33147		_
	IVII altii, I C 00 147		
Name and Title	<u> </u>	Name and Title:	
Address:	59.44	Address:	the Alice of the A
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		<u> </u>	<u> </u>
1	•		
		_ Name and Title:	
Address:		_ Address:	
		-	Academy Care
		-	
ARTICLE VI RI	EGISTERED AGENT		Telle 19 m
	la street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Reinaldo Oliva		
Address:	8400 NW 31 AVE	-	The state of the s
	Miami, FL 33147	-	
			चेंगा 🕄
	<u>VCORPORATOR</u>		·
	ss of the Incorporator is:		
Name:	Reinaldo Oliva	_	
Address:	8400 NW 31 AVE	_	
	Miami, FL 33147	_	
		- C - 4 1 4 - 4 - 1	
	as registered agent to accept service of process amiliar with and accept the appointment as regi		
inis cerujicute, i um j	mutur wun unu accept ine appointment as regi	isierea agent ana agree	to act in this capacity
	(/4		0/00/44
			6/20/11
	Required Signature/Registered Agent		Date
I suhmit this docume	ent and affirm that the facts stated herein are	true I am aware that	the false information submitted in a
	rti una affirm that the facts stated herein are artment of State constitutes a third degree felony		
accament to the Depu	initia of simple transmitted in this is neglect fellow	, as province jor in 5.01	: 102 U U J # 61,36
	(Ms		6/20/11
	Required Signature/Incorporator		6/20/11
	required alguarare/incorporator		Date