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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:				
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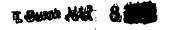
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COVER LETTER

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

SUBJECT: DISXPRESS CORP		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
	<u> </u>	
FROM: DISXPRESS	(Printed or typed)	
13355 SW 9 COURT SUITE 116 Address		
PEMBROKE PINES FLO	ORIDA 33027 State & Zip	
954-839-5057 Daytime To	elephone number	
alvarojaram@hotmail.com E-mail address: (to be used	n I for future annual report notification)	

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

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

ARTICLE I The name of the c	NAME DISXPRESS CORP corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		Mailing address, if different is:
	Principal street address 13355 SW 9 COURT SUITE 116		Walling address, it different is.
	PEMBROKE PINES FL 33027		
•			
ARTICLE III			₩% →
	which the corporation is organized is: RAL BUSINESS		<u> </u>
ALL GENER	CAL DUSINESS		FAL MAR -7 SARETAR LAMASS
			FIL ASS
			internal and the second
ARTICLE IV			
The number of sha	ares of stock is:100		デージ
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	- ·
	Title: JAIME SAMUDIO DIRECTOR		d Title:
Address:	13355 SW 9 COURT SUITE 116		
	PEMBROKE PINES FL 33027		
Nt	THE ORANGEL MAGUARO SIDEOTO	No. Nome on d	a Tisto.
Name and I	Title: ORANGEL MACHADO DIRECTO 13355 SW 9 COURT SUITE 116	Address:	d Title:
Audress.	PEMBROKE PINES FL 33027	Address.	
	<u> </u>		
			
	Title: ALVARO JARAMILLO DIRECTOR		d Title:
Address:	13355 SW 9 COURT SUITE 116		
	PEMBROKE PINES FL 33027	_	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable)	of the registere	ed agent is:
Name:	JAIME SAMUDIO		
Address:	13355 SW 9 COURT SUITE 116	3_	
	PEMBROKE PINES FL 33027		
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	JAIME SAMUDIO	_	
Address:	13355 SW 9 COURT SUITE 116		
	PEMBROKE PINES FL 33027		
Havina koon non	ned as registered opent to accept service of proce	ess for the aho	ove stated cornoration at the place designated in
this certificate. To	am familiar with and accept the appointment as re	egistered agent	t and agree to act in this capacity
			1
(03/05/12
	Required Signature/Registered Agent		Date
I submit this doc	rument and affirm that the facts stated herein a	re true. I am a	aware that the false information submitted in a
	Department of State constitutes a third degree felo		
(1	· •	- 1 · 1
(03105/12
	Required Signature/Incorporator		Date