P12000043067

(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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05/07/12--01016--022 **78.75



1/4-1

COVER LETTER

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

SUBJECT: The Articles of Incorporation for South American Computer Express, Inc.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Charles Armold Name (Printed or typed)				
7410 Dormany Loop				
Address Plant City, FL 33565 City, State & Zip				
813 763-2846 Daytime Telephone number				
carmold1@gmail.com E-mail address: (to be used	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)

	NAME South American Comp	uiter Eynress Inc	FILED.
e name of the c	corporation shall be:	ator Express, me.	12 MAY -7 PM 1:5
RTICLE II	PRINCIPAL OFFICE		图 7:5
	Principal street address	Mailing a	ddress: if different is:
	7410 Dormany Loop		Maria Maria
	Plant City, FL 33565		- The said of the first
RTICLE III	PURPOSE		
	which the corporation is organized is:		
Vholesale c	of electronic equipment and various o	ther legal items.	
RTICLE IV	SHARES		
e number of sh	ares of stock is: One thousand		
	INITIAL OFFICERS AND/OR DIRECTO		
Name and	Title: Charles K. Armold, President		
Address:	7410 Dormany Loop	Address:	
	Plant City, FL 33565		
Name and	Title:	Name and Title:	
Address:		Address:	
Name and	Title:	Name and Title:	
Address:	Title	Address:	
ruuress.			
	DECIGERED ACENT		
	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Barbara Gross	or the regional agoni is:	
Address:	.8308 Steamboat Lane		
	Tampa, FL 33637		
	·		
	INCORPORATOR		
ne <u>name and ad</u> Name:	ddress of the Incorporator is: Charles K Armold		
Address:			
Audiess.	7410 Dormany Loop Plant City, FL 33565		
	Tibilitory, 1 E 33300		
aving been na	med as registered agent to accept service of proc	ess for the above stated corp	oration at the place designated in
is certificqte, I	am familiar with and accept the appointment as r	egistered agent and agree to t	act in this capacity
	/ //		5/2/12
FAX.	Required Signature/Registered Agent		3/0//
	Required Signature/Registered Agent		Date
mikasit diin d-	cument and affirm that the facts stated herein a	rna turca. I am amana that the	s false information submitted in s
suomii inis 400	cument and ajjirm that the jacts stated herein a Department of State constitutes a third degree fel	ue urue. 1 um uwure mut me onu as provid <i>ad</i> for in s 917 1	s juise injormuuon suomiueu in i 15 F.S
vameni w ine .	Department of State constitutes a titura degree few	ony ao provinca jor in 3017.1	2

Required Signature/Incorporator