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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY - 7 PM 2: 56

PS SPAN

COVER LETTER

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

SUBJECT: XX XPRESS COURIER & SHIPPING 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 \$87.50 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: EDWARD EDWARDS Name (Printed or typed) 12840 S.W. 147TH STREET Address 33186 City, State & Zip MIAMI, 954-534-0442 Daytime Telephone number neville atc@yahoo.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	d/or Chapter 621, I	F.S. (Profit) FILED SECRETARY OF STATE
ARTICLE i The name of the co	<u>NAME</u> XX XPRESS COURIE	R & SHIPPIN	NG INC. TSTON OF CORPORATIONS
ARTICLE II	PRINCIPAL OFFICE		12 MAY -7 PM 2: 56
	Principal street address	1	Mailing address, if different is:
_	2840 S.W. 147TH STREET		
7	/IAMI, FL 33186		
-		-	
	PURPOSE hich the corporation is organized is: ND SHIPPING PERPOSE		
The number of shar	SHARES res of stock is: 100 INITIAL OFFICERS AND/OR DIRECTOR	o a	
	tle:EDWARD EDWARDS- PRESIDEN		MARVA EDWARDS SECRETAR
Address:	12840 S.W. 147TH STREET		12840 S.W 147TH STREET
	MIAMI, FL 33186		MIAMI, FL 33186
		_	
Name and Ti	tle:	Name and Title	,
Address:		Name and The	•
			
N. Lent			
Name and Ti Address:	tle:		
Address:		Address:	
		_	
		_	· · · · · · · · · · · · · · · · · · ·
	REGISTERED AGENT	C.2	
Name:	rida street address (P.O. Box NOT acceptable) o NEVILLE ANDERSON	t the registered agei	it is:
Address:	12840 S.W. 147TH STREET		
	MIAMI. FL 33186		
	,	_	
	INCORPORATOR		
Name:	Iress of the Incorporator is: EDWARD_EDWARDS		•
Address:	1280 S.W. 147TH STREET	_	
71001033.	MIAMI. FL 33186	-	
		_	
	ed as registered agent to accept service of proces		
this certificate, I an	n familiar with and accept the appointment as reg	gistered agent and a	igree to act in this capacity
10 -			5/1/2
	Required Signature/Registered Agent		5/4/12 Date
	reduited Signature/registered Agent		{ / Date
	ment and affirm that the facts stated herein are	true. I am aware	
document to the De	epartment of State constitutes a third degree felon	y as provided for in	s.817.155, F.S.
	The state of the s		-1:1
	- 6 CHANON		5/4/12
	Required Signature/Incorporator		/ / / Date