

P13000075517

(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:

Adeline Amaran GAVE

AUTHORIZATION BY PHONE TO

CORRECT Article II

DATE _____

DOC. EXAM PS

Office Use Only



900250307699

08/09/13--01018--006 **78.75

FILED
13 SEP 13 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MSM 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: AIDELINE AMARAN

Name (Printed or typed)

2582 w 56 st apt 205

Address

HIALEAH, FL 33016

City, State & Zip

786-609-0005

Daytime Telephone number

AIDELINE1234@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/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MSM EXPRESS INC

FILED

13 SEP 13 AM 10:47

ARTICLE II PRINCIPAL OFFICE

Principal street address

2582 w 56 st apt 205

Mailing address, if different

SAMESECRETARY OF STATE
TALLAHASSEE, FLORIDA**HALEAH, FL 33016****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**

100 STOCK at \$1.00 value own by Maikel Suarez

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MAIKEL SUAREZ(P)

Name and Title:

Address

2582 w 56 st apt 205

Address:

hialeah, FL 33016

Name and Title:

aideline amaran(VP)

Name and Title:

Address

2582 w 56 st apt 205

Address:

hialeah, fl 33016

Name and Title:

Name and Title:

Address

Address:

(cont.)

FILED

Name and Title: _____ Name and Title: **13 SEP 13 AM 10:47**
Address: _____ Address: **SECRETARY OF STATE**

_____ **TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAFAEL SANCHEZ
Address: 2582 W 56 ST Apt 205
Miakiyah, FL, 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dudeline Amaran
Address: 2582 W 56 ST Apt 205
Miakiyah, FL, 33016

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Rafael Sanchez (President)
Required Signature/Registered Agent

08-05-13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dudeline Amaran (V.P.)
Required Signature/Incorporator

08-05-13
Date