

P14000020542

(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

B 3/6/14



900256848479

03/03/14--01036--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -3 AM 9:05

COVER LETTER

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

SUBJECT: CUBA TRAVEL 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 Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MANUEL A NUNEZ

Name (Printed or typed)

8819 NW 169TH TER

Address

MIAMI LAKES, FL 33018

City, State & Zip

786-229-5872

Daytime Telephone number

CUBATRAVELEXPRESS@HOTMAIL.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: CUBA TRAVEL EXPRESS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8819 NW 169TH TER
MIAMI LAKES, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MANUEL A NUNEZ

Name and Title:

Address

8819 NW 169TH TER

Address:

MIAMI LAKES, FL 33018

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -3 AM 9:05

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MANUEL A NUNEZ
Address: 8819 NW 169TH TER
MIAMI LAKES, FL 33018


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -3 AM 9:05

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANUEL A NUNEZ
Address: 8819 NW 169TH TER
MIAMI LAKES, FL 33018

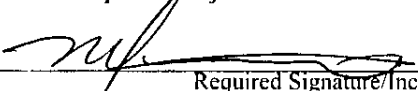
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

02/27/2014

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.


Required Signature/Incorporator
Manuel A. Nuñez

02/27/2014

Date