

PAU0004623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

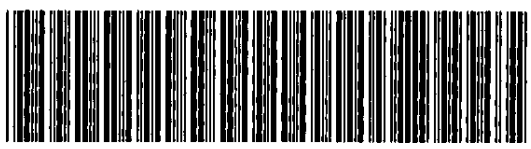
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT:** Caballeros 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:** Franco Maldini  
Name (Printed or typed)  
320 S. Flamingo Rd. #313  
Address  
Pembroke Pines, Florida 33026  
City, State & Zip  
954-325-2228  
Daytime Telephone number  
tiovaro1@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: Caballeros Express Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

320 S. Flamingo Rd #313  
Pembroke Pines, Florida 33027

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tomas Castillo-Pres Name and Title: \_\_\_\_\_

Address: 320 S Flamingo Rd #313 Address: \_\_\_\_\_  
Pembroke Pines, FL 33027 \_\_\_\_\_

Name and Title: Franco Maldini- VP Name and Title: \_\_\_\_\_

Address: 320 S. Flamingo Rd #313 Address: \_\_\_\_\_  
Pembroke Pines, FL 33027 \_\_\_\_\_

Name and Title: Antonio Vitelli- Treasurer Name and Title: \_\_\_\_\_

Address: 320 S. Flamingo Rd #313 Address: \_\_\_\_\_  
Pembroke Pines, FL 33027 \_\_\_\_\_

(conti.)

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: Tomas Castillo  
 Address: 320 S. Flamingo Rd #313  
Pembroke Pines, FL 33027

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Franco Maldini  
 Address: 320 S. Flamingo Rd #313  
Pembroke Pines, Florida 33027

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*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*

*Franco Castillo*  
 Required Signature/Registered Agent

05-19-14  
 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.*

*Franco Maldini*  
 Required Signature/Incorporator

5-19-2014  
 Date