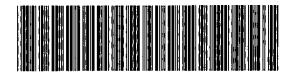
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(Red	questor's Name)			
(Address)				
(Ado	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Doc	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to F	Filing Officer:			



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## **COVER LETTER**

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

SUBJECT:	Cannon Express Courier Systems, 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

\$878.75 \$\$
Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

Name (Printed or typed)  2405 S.W. 131 Ct.  Address  Miami, Florida 33175  City, State & Zip  (786) 260-1682	FROM:	Ana Margarita Camps		
Miami, Florida 33175  City, State & Zip  (786) 260-1682		Name (Printed or typed)		
Miami, Florida 33175  City, State & Zip  (786) 260-1682		2405 S.W. 131 Ct.		
City, State & Zip (786) 260-1682		Address		
(786) 260-1682		Miami, Florida 33175		
		City, State & Zip		
Daytime Telephone number		(786) 260-1682		
2-1,		Daytime Telephone number		
maggiecamps6@aol.com				

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 The name of the cor	ME Cannon Express Courier Systems, Inc.				
<u>ARTICLE II</u> 2405 S.W.	PRINCIPAL OFFICE Principal street as 131 Ct.			Mailing address, if differen	nt is:
Miami, Flor	ida 33175				
ARTICLE III I	PURPOSE ich the corporation is o	organized is: To ope	n up a me	ssenger service	division
					NO SERVICE SER
	_				3 044 AM
ARTICLE IV S		100			1 9: 27
	Ana Marga 2405 S.W	s <u>AND/OR DIRECTOR</u> arita Camps, PST . 131 Ct. orida 33175		Margarita V. Ga 2405 S.W. 131 Miami, Florida	Ct.
Name and T Address	2405 S.W	121 C+	<ul><li>Name and Title</li><li>Address:</li></ul>		
Name and T					
			_		

Name an	nd Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Ana Margarita Camps	
Address:	2405 S.W. 131 Ct.	
ridaross.	Miami, FLorida 33175	
ARTICLE VII	INCORPORATOR	THE JUN 13 AM
The name and ac	ddress of the Incorporator is:	ج چا
Name:	Ana Margarita Camps	9: 27 _
Address:	2405 S.W. 131 Ct.	_
	Miami, Florida 33175	_
	ned as registered agent to accept service of proce am familiar with and/accept the appointment as r	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Cups.	05/29/2014
	Required Signature/Registered Agent	Date
I submit this document to the	cument and affirm that <sup>t</sup> the facts stated herein ar Department of State constitutes a thir(1)degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	( ) rest.	05/29/2014
	Required Signature/Incorporator	Date