

P141000059126

(Requestor's Name)

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DEPT. OF REVENUE
DIVISION OF CORPORATE TAXES
JUL 10 PM 3:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2014

JOSE ESTEFANO
6039 COLLINS AVE, PH-25
MIAMI BEACH, FL 33140

SUBJECT: CSP EXPRESS, INC.
Ref. Number: W14000034427

REC'D
14 JUL 10 AM 10 40
SECRET
TALLAHASSEE, FL 32314

We have received your document for CSP EXPRESS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please name of corporation in article 1.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 014A00013749

COVER LETTER

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

SUBJECT: CSP 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: JOSE R. ESTEFANO
Name (Printed or typed)

6039 COLLINS AVE. PH-25
Address

MIAMI BEACH, FL, 33140
City, State & Zip

786-351-4468
Daytime Telephone number

JESTEFANO@SHXUSA.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:

CSP EXPRESS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6039 Collins Ave., PH-25

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DEVELOP SOFTWARE FOR
PREPAID DEBIT CARDS PLATFORMS, PAYMENT PLATFORMS,
WEB BUSINESS CONTENTS AND OTHER SOFTWARES IN
THE OPEN SOURCE PLATFORMS.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JOSE R. ESTEFANO, P.

Name and Title:

Address

1000 BRICKELL AVE., STE 900

Address:

MIAMI, FL, 33131

Name and Title:

STEVE HODGES, CTO

Name and Title:

Address

275 W. JUNIPER AVE.

Address:

GILBERT, AZ, 85233

Name and Title:

Name and Title:

Address

Address:

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(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:

JOSE R. ESTEFANO

Address:

6039 COLLINS AVE, PH-25
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

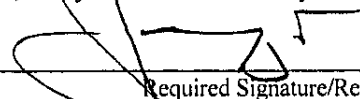
Name:

JOSE R. ESTEFANO

Address:

6039 COLLINS AVE, PH-25
MIAMI BEACH, FL 33140

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

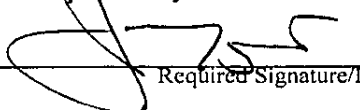


Required Signature/Registered Agent

6/16/14

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.



Required Signature/Incorporator

6/16/14

Date

JUL 10 PM 3:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS