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COVER LETTER

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

SUBJECT: Coffee Express Inc.			
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLI</u>	IDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	Y \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		or common copy	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
	j		<u> </u>
	The WIT !	1 Junea T	7 0
FROM:	Olis NaThanie	(Printed or typed)	· .
	Name	(Printed or typed)	
-	2147 Faulk Dr	•	
 _		ddress	
			•
•	Tallahassee FL	., 32303	
		State & Zip	
	850-766-2027	7	
		lephone number	

NOTE: Please provide the original and one copy of the articles.

07.654.654@ qmail.Com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpo	AME Oration shall be: Coffee EXP	ress Inc.	<u> </u>
ARTICLE II P	RINCIPAL OFFICE Principal street address	Mailing add	dress, if different is: \(\nabla \)
2147 F	aulk Dr.		
_	see FL, 32303		
			24
ن د م	in the corporation is organized is:Mob	•	l and Beverages
	of stock is: 100		
	NITIAL OFFICERS AND/OR DIRECTOR Je. Title: Olis Nathaniel Joyner Presiden		
Address	2147 Faulk Dr.		
	Tallahassee Fl. 32303		
Name and Ti	ide: Gholamreza ZiaraTi Vice presid	Name and Title:	
Address	424 Capital Circle S.W.	Address:	
	Tallahassee FL 32304		
Name and Ti	itle:		
Address			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	
Name: Olis Nalhaniel Joy	ner JR.
Address: 2147 Faulk Dr.	
Talla hassee FL. 32303	APR 21
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	9: 21
Name: Gholamreza Ziarali	
Address: 424 Capital Circle 5	<u>s W</u>
Tallahassee FL, 3230	#_
Having been named as registered agent to accept service of prothis certificate, I am familiar with and accept the appointment a Mathaniel full Registered Agent	
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 f	felony as provided for in s.817.155, F.S.
Required Signature D corporator	Date