## P1500014822

(Re	equestor's Name)	·	
(Address)			
(Ac	idress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only

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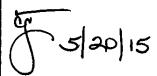
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## COVER LETTER

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

SUBJECT:	XPRESS LEGAL SERVICE INC.				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:	ı	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED		
				l	
FROM:	KENNY NIN Name	I-MARTINEZ (Printed or typed)			
	PO BOX 22	241			
	A	Address			
· 		DALE FL, 33008	Fin	귥.	
	City,	State & Zip	San Pari	1	
		91-4013	- (2.70) 2017	19	
	Daytime Telephone number			7	
	XPRESSLEGALSERVICE@GMAIL.COM  E-mail address: (to be used for future annual report notification)			强二: 3	
	E-mail address: (to be used	g for future annual report	notification) 🗢 rri	Û	

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



April 30, 2015

KENNY NIN-MARTINEZ POST OFFICE BOX 2241 HALLENDALE, FL 33008

SUBJECT: XPRESS LEGAL SERVICE INC.

Ref. Number: W15000030725

We have received your document for XPRESS LEGAL SERVICE INC. and your check(s) totaling \$78.85. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 615A00008940

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

	ration shall be:	XPRESS LEGAL S	02/(1/02/1/03		FIL	
TICLE II PR	INCIPAL OFFICE Principal street addr	ress		15 Mailing address, if differ	HAY 19	AU 11
20801 Biscayne	Blvd, Suite 403,		<u>F</u>	Mailing address, if differ by Box 2241 Hallendale fi	33008 SEE	F 674
Aventura, Florid	la, 33180			=		
	·		<del></del>			
TICLE III PUI purpose for which		anized is: LEGA	AL DOCUMENT P	REPARATION AND RESEA	ARCH	
	· · · · · · · · · · · · · · · · · · ·					
	····	<u></u>	·			
TICLE IV SH number of shares o	IARES of stock is: 1		~~~			
number of shares o	IARES of stock is: 1  ITIAL OFFICERS A	AND/OR DIRECT	rors	itle:		
number of shares o	of stock is: 1	AND/OR DIRECT	rors  Name and	itle:		
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number of shares of the shares of the share and Tite Address	of stock is: 1  ITIAL OFFICERS A  ile: KENNY NIN-MAR  PO BOX 2241  Hallendale, FL 33	AND/OR DIRECT TINEZ (CEO) 3160	Name and Address:			
number of shares of the shares of the share and Tite Address	of stock is: 1  ITIAL OFFICERS A  ile: KENNY NIN-MAR  PO BOX 2241  Hallendale, FL 33	AND/OR DIRECT TINEZ (CEO) 3160	Name and Address:  Name and Address:  Name and A			
number of shares of TICLE V IN Name and Tite Address  Name and Tite Name	of stock is: 1  ITIAL OFFICERS A  ile: KENNY NIN-MAR  PO BOX 2241  Hallendale, FL 33	AND/OR DIRECT TINEZ (CEO) 3160	Name and Address:  Name and Address:  Address:  Address:	itle:		
number of shares of TICLE V IN Name and Tite Address  Name and Tite Address	of stock is: 1  ITIAL OFFICERS A  Ile: KENNY NIN-MAR  PO BOX 2241  Hallendale, FL 33	AND/OR DIRECT TINEZ (CEO) 3160	Name and Address:  Name and Address:  Address:  Address:	itle:		

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI		
The name and F	orida street address (P.O. Box NOT acceptab	e) of the registered agent is:
Name:	MONICA NIN	
Address:	400 .E 8TH STREET	
	FORT LAUDERDALE 33316	<del></del>
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	KENNY NIN-MARTINEZ	
Address:	PO BOX 2241	·
	HALLENDAL FL, 33008	
Having been nan this certificate, I	am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity
	Required Signature/Registered Agent	05/11/15
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated hereir Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	(antos)	5/12/28
	Required Signardre/Incorporator	- / Date

FILED

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SECTION OF STATE I COME