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FAX No
Division of Corporations

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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CUBA PACK ENVIOS & TRAVEL SERVICES, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

T. Burch JUN 23 2015

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

ARTICLE I NAME CUBA PACK ENVIOS & TRAVEL SERVICES, CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
4933 SW 127 PLACE _____
MIAMI, FL 33175 _____

ARTICLE III PURPOSE ANY AND ALL LAWFULL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE ALVAREZ (P/S) Name and Title: _____
Address 4933 SW 127 PLACE Address: _____
MIAMI, FL 33175 _____

Name and Title: SANTIAGO ALVAREZ (V) Name and Title: _____
Address 4933 SW 127 PLACE Address: _____
MIAMI, FL 33175 _____

Name and Title: ONELIO BAEZ (V) Name and Title: _____
Address 4933 SW 127 PLACE Address: _____
MIAMI, FL 33175 _____

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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 ALVAREZ
 Address: 4933 SW 127 PLACE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE ALVAREZ
 Address: 4933 SW 127 PLAE
MIAMI, FL 33175

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 06/19/2015
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 06/19/2015
Date