Division of Corporations Electronic Filing Cover Sheet

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

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Electronic Filing Menu

Corporate Filing Menu

Help

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

	NCIPAL OFFICE Principal street address	Mailing a	address, if different is:
3 SW 127 PLAC	E		
AMI, FL 33175			
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TICLE III PUI purpose for whice	RPOSE the corporation is organized is: ANY		SS
			Acr -
			
			JUN 22
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TICLE IV SHA number of shares	ARES SHARES: 100		STATE ORIBA
			*
	TIAL OFFICERS AND/OR DIRECTOR Title: JOSE ALVAREZ (P/\$)	<u>s</u>	
Name and T	itle: JOSE ALVAREZ (P/S)	S. Name and Title:	
	itle: JOSE ALVAREZ (P/S)	<u>s</u>	
Name and T	Title: JOSE ALVAREZ (P/S) 4933 SW 127 PLACE MIAMI, FL 33175	S. Name and Title: Address:	
Name and T Address Name and T	Title: JOSE ALVAREZ (P/S) 4933 SW 127 PLACE MIAMI, FL 33175 SANTIAGO ALVAREZ (V)	Name and Title: Address: Name and Title:	
Name and T	Title: JOSE ALVAREZ (P/S) 4933 SW 127 PLACE MIAMI, FL 33175	S. Name and Title: Address:	
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Name and T Address Name and T Address	Title: JOSE ALVAREZ (P/S) 4933 SW 127 PLACE MIAMI, FL 33175 SANTIAGO ALVAREZ (V) 4933 SW 127 PLACE MIAMI, FL 33175 onelic: Onelio baez (V) 4933 SW 127 PLACE	Name and Title: Address: Name and Title:	

Name and Title:		Name and Title:		
Addre		Address:		
			• • •	
	REGISTERED AGENT Florids street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	JOSE ALVAREZ			
Address:	4933 SW 127 PLACE			
	MIAMI, FL 33175		A J	
ARTICLE VII	INCORPORATOR		JUN 22 AHASS	
The name and	address of the Incorporator is:	•		
Name:	JOSE ALVAREZ		FEOT : C	
Address;	4933 SW 127 PLAE		STATE STATE	
	MIAMI, FL 33175		A	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and filing.)	cannot be more than five bu	NAL) siness days prior or 90 business	
	te inserted in this block does not meet the app effective date on the Department of State's re		nents, this date will not be listed as	
	med as registered agent to accept service of j am familiar with and accept the appointmen			
••	\mathcal{J}		06/19/2015	
	Required Signature/Registered Age	TIL .	Date	
	cument and affirm that the facts stated here Department of State constitutes a third degre			
٠	<i> / </i>)		06/19/2015	
Requ	uired Signature/Incorporator		Date	