P1500053651

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	,

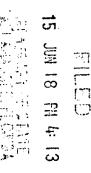
Office Use Only

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-COVER LETTER

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

SUBJECT: SCRNICE EXPRESS OF INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
	(PROPOSED C	CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Enclosed are an original	l and one (1) copy	of the artic	cles of incorporation a	and a check for:			
Filing Fee I	☐ \$78.75 Filing Fee & Certificate of Sta	atus	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified C & Certifica Status	ору		
ADDITIONAL COPY REQUIRED							
FROM:	vante P	(265) Name	(Printed or typed)		_		
110	NW 135	th WC	N Unit 10	1			
		A	ddress		70	5	
Plantation, FL 33325				<u></u>			
City, State & Zip			8				
95	54-773-3					72	Ü
بر بر <u></u> براه المراجعة			÷				
Ct. presta ogmo. 1. com E-mail address: (to be used for future annual report notification)			<u>13</u>				

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



RECEIVED

15 JUN 18 AM 9:58

SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA **Division of Corporations**

May 27, 2015

CHANTE PRESLEY 110 NW 135TH WAY **UNIT 101** PLANTATION, FL 33325

SUBJECT: SERVICE EXPRESS CP INC.

Ref. Number: W15000037379

We have received your document for SERVICE EXPRESS CP 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):

The document must state the number of shares of authorized stock. 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: 815A00011122

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

ARTICLE I NAME The name of the corporat	tion shall be: SCRICE FX	0865	CP INC.	
	Principal street address THE WAY UNIT 101	1		15 JUN 18 PM 4: 1
and pear	he corporation is organized is: _DEX de the Deliver nt with gener	obled ou	in a m	eviced annel industry vendoes.
ARTICLE IV SHARE The number of shares of ARTICLE V INITIA Name and Title	L OFFICERS AND AOR DIRECTORS	Name and Title	:	
Address	Unit 101. Plantation, FL 3332	Address:		
Name and Title:		Name and Title Address:		
Name and Title:				
	WHEN THE PROPERTY OF THE PROPE	_		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name: Chante Prestey	
Address: 110 NW 135th Wa Plantation, FL 33	1 Un. 4 10) 55. 55. 55. 55. 55. 55. 55. 55. 55. 55
ARTICLE VII INCORPORATOR	¥\$ a □
The name and address of the Incorporator is:	
Name: Charte PREDK	
Address: 110 NW 135th WC	MUDIT 101
<u>Plantation</u> , FL	33325
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and days after the filing.)	. (OPTIONAL) nd cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointm	of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
Chart Pressey	5/16/15
Required Signature/Registered A	
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third deg	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	5/16/15
red are as a second at 11001 Marion	Date

Name and Title:	Name and Title:
Address	Address:
 	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable)) of the registered agent is:
Name: Chante President	*****
Address: 110 NW 135th Way Un	574 10) ≥ 10 mm
Plantation, FL 3336	<u>)</u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	5 ≥ 5
Name: Charte PREDITY	
Address: 110 NW 135th Wall	101 tion
<u>Plantation, FL 33</u>	325 325
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPPIONAL)
(If an effective date is listed, the date must be specific and can days after the filing.)	
Note: If the date inserted in this block does not meet the applicabe the document's effective date on the Department of State's record	
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as	
Chart Phesey	5/16/15
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
Charte Presus	5/16/15
Required Signature/Incorporator	Date