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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2015

MONICA NIN 110 E BROWARD BLVD #1700 FORT LAUDERDALE, FL 33301

SUBJECT: X-PRESS MANAGEMENT CONSULTING & BOOKKEEPING

SERVICES, INC.

Ref. Number: W15000025051

We have received your document for X-PRESS MANAGEMENT CONSULTING & BOOKKEEPING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 715A00007174

## **COVER LETTER**

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

SUBJECT: Y-Press Management Consulting & Bookkeeping Services, Inc., (PROPOSED CORPORATE NAME > MUST INCLUDE SUBFIX)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$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			
FROM: Name (Printed or typed)						
110 E. Broward Blud # 1700 Address						
Fort Landerdale, Fl. 33301 City, State & Zip						
(281) 810 - 8422 Daytime Telephone number						

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

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 corpora	tion shall be: X- Press Manager	ent Cons	iultina 2 Book	Keepin	
ARTICLE II PRINC	CIPAL OFFICE Secutions, I	VG-1	3	. 5	
110 E. Brow	Principal street address	<u> 7:</u>	Mailing address, if diff	erent is:	
Soite: 17	<u> </u>	Halle	andalo, fl.	3300	8
Fort Lauderda	(e, fl. 33301				
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is: To Ge	ender co	onsulting i		
bookkeepin	ng secolos.				<del></del>
ARTICLE IV SHARI	FQ				
The number of shares of		<del></del>			
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS				
	:: Monica win - Pesident	Name and Title	e:		
Address	P.D. Box: 2241	_ Address:			
	Hallandale, FI. 33008			<del>;</del>	1129 m
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ARTICLE VI REC		
The name and Florie	la street address (P.O. Box NOT acceptable) of the registered	d agent is:
Name:	Monica win	
Address: _	110 E. Broward Blud, #1700	
_	Fort Lauderdale, Fl. 33301	
ARTICLE VII INC	CORPORATOR	
The name and addre	ss of the Incorporator is:	
Name:	Monica win	
Address:	110 E. Broward Blud, # 1700	
	Fort hawdordale, F1. 33501	
	er than the date of filing: is listed, the date must be specific and cannot be more the	(OPTIONAL) an five business days prior or 90 business
Note: If the date ins the document's effect	erted in this block does not meet the applicable statutory filin tive date on the Department of State's records.	g requirements, this date will not be listed as
Having been named this certificate, I am	as registered agent to accept service of process for the above familiar with and accept the appointment as registered agent	e stated corporation at the place designated in and agree to act in this capacity
		6-26-15
	Required Signature/Registered Agent	Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are true. I am avartment of State constitutes a third degree felony as provided	ware that the false information submitted in a for in s.817.155, F.S.
1		6-26-15
Required	Signature/Incorporator	Date