

P 17000013669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

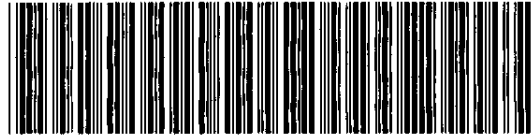
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 14 2017
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C. GOLDEN

FEB 14 2017



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. CubaPalco Cargo Express, Inc.
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

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TREASURY

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: CUBAPALCO CARGO EXPRESS, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

570 HIALEAH DRIVE

SAME

HIALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HUMBERTO RODRIGUEZ-PARDO (D)

Name and Title:

Address 110 33rd STREET 1-3

Address:

UNION CITY, NJ 07087-5835

Name and Title: ANDY DELGADO (D)

Name and Title:

Address 1501 SW 122 AVE

Address:

UNIT 5

MIAMI, FL 33184

Name and Title: CARLOS A. CALVO GALVEZ (S)

Name and Title:

Address 2300 SW 97 AVE

Address:

UNIT A-202

MIAMI, FL 33165

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: ANDY DELGADO

Address: 1501 SW 122 AVE UNIT 5

MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANDY DELGADO

Address: 1501 SW 122 AVE UNIT 5

MIAMI, FL 33184

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TALLAHASSEE, FL
SECRETARY OF STATE

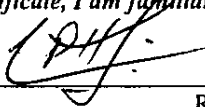
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

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

Date