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17 MAY -4 AM 11:50  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/21/17

05/05/17

## COVER LETTER

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

SUBJECT: CAVALLO EXPRESS INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: AUDREY COLEMAN  
Name (Printed or typed)

10752 DEERWOOD PARK BLVD SOUTH  
Address  
WATERVIEW II, SUITE 100,  
JACKSONVILLE, FL 32256  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

PRINCESSA@USA.COM

E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: CAVALLO EXPRESS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:  
10752 DEERWOOD PARK BLVD SOUTH,  
WATERVIEW II, SUITE 100  
JACKSONVILLE, FL 32256

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE TRAVEL AGENCY  
SERVICES ONLINE. WE SPECIALIZE IN INTERNATIONAL  
TRAVELS, SAFARI ADVENTURES, CRUISES AS WELL AS  
SPECIFIC TRAVEL INFORMATION FOR DESTINATIONS  
WORLDWIDE FOR TRAVELERS.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: AUDREY COLEMAN "FOUNDER" Name and Title: \_\_\_\_\_

Address 10752 DEERWOOD PARK Address: \_\_\_\_\_  
BLVD SOUTH,  
WATERVIEW II, SUITE 100  
JACKSONVILLE, FL 32256

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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17 MAY -4 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: AUDREY COLEMAN

Address: 10752 DEERWOOD PARK BLVD SOUTH,  
WATERVIEW II, SUITE 100  
JACKSONVILLE, FL 32256

**ARTICLE VII INCORPORATOR**

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

Name: AUDREY COLEMAN

Address: 10752 DEERWOOD PARK BLVD SOUTH,  
WATERVIEW II, SUITE 100,  
JACKSONVILLE, FL 32256

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/21/2017 (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*

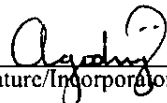


Required Signature/Registered Agent

05/02/2017

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

05/02/2017

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA