Division of Corporations Electronic Filing Cover Sheet

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(((H18000181510 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION

K-I COURIER EXPRESS, INC

Certificate of Status	1
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June 19, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FIING SERVICE INC

SUBJECT: K-1 COURIER EXPRESS, INC

REF: W18000056695

We have received your document for K-1 COURIER EXPRESS, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective data of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P11000017676.

Please return 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.

Catherine M Wood FAX Aud. #: H18000181510 Regulatory Specialist II Letter Number: 818A00012687

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

ARTICLE 11 ""	INCIPAL OFFICE				
9089 W 33RD AV	Principal street address	Mailing at 9089 W 33RD AV	idress, if different is: /E		•
HIALEAH, FL 330	18	HIALEAH, FL 330			
ARTICLE III PUI The purpose for whi	RPOSE CO ich the corporation is organized is:	URIER SERVICES			
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The number of shares	of stock is:	PRS	- 		
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The number of shares ARTICLE V INF	TIAL OFFICERS AND/OR DIRECTO Title: ALFONSO SALAMANCA PRESIDENT	Name and Title:			
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The number of shares ARTICLE 1' INT Name and T Address	TIAL OFFICERS AND/OR DIRECTO PRESIDENT 9089 W 33RD AVE HIALEAH, FL 33018	Name and Title: Name and Title:	AL	18 JUN 2	<u>-</u>
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Name	and Title:	Name and Title:	
Addr	rss	Address;	
		_	• •
ARTICLE 17 The name and	REGISTERED AGENT Florida street address (P.O. Hox NOT acceptable)	tof the representation to	
Name:	ALFONSO SALAMANCA	or the registerett agent is.	
Address:	9089 W 33RD AVE	 -	
	HIALEAH, FL 33018		
· ************************************		Paris and the state of the stat	<u> </u>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		\$20 \$20 \$20 \$20 \$20
Name:	ALFONSO SALAMANCA	_	
Address;	9089 W 33RD AVE	• •	Si. 9.
	HIALEAH, FL 33018	. '	· 항 · ·
Effective date, i (If an effective fillag.)	f other than the date of filing: date is listed, the date must be specific and conn e inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not most the small or inserted in this block days not make the small or inserted in this block days not make the small or inserted in this block days not make the small or inserted in this block days not make the small or inserted in this small or inserted in the small or		
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submit this doc	Required Signature/Registered Agent cument and affire that the facts study herein are	true. I our aware that the fulse informa	Date Itom submitted in a
	Superintent of State Constitution (Constitution of State Section	ny as provided for in s.817.155, F.S. 08/19/2	
Requi	ired Signature libraries in or		Date