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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 VIP EXPRESS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2018 JUL 13 PM 4:31
CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

T COLLINS
JUL 18 2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:VIP Express Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15001 SW 71 streetMiami, FL 33193**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Christopher Camps, PresidentJessica Santa-Ara, Vice PresidentChristopher Camps, Secretary**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Christopher Camps15001 SW 71 streetMiami, FL 33193**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Christopher Camps15001 SW 71 streetMiami, FL 33193

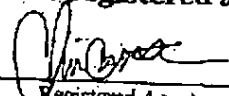
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18 JUL 13 AM 10:55

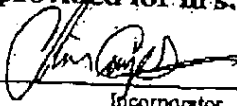
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Required Signatures:

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

X  07-12-2018
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.

X  07-12-2018
Incorporator Date

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18 JUL 13 AM 10:59
STATE OF FLORIDA
HALL COUNTY

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