3/25/2019

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000098821 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 : (305)444-4994 Phone Fax Number : (305)444-4977

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 TECAL EXPRESS GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION (**)	4
In compliance with Chapter 607 and/or Chapter 621, F.S.	(Profit)

ICLE II PRINCIPAL O Principa	FFICE Il street address	M	ailing address, if different is:
NW 82 AVE STE: M			
AL, FL 33166			
CLE MI PURPOSE	ration is organized is:	AND ALL LAWFUL BUS	SINESS
arpose for which the corpo	radon is organizou is.		
			
		-,	
···			
ICLE IV SHARES number of shares of stock is:	100 CERS AND/OR DIRECTOR	<u>র</u>	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address Address	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address Address	CERS AND/OR DIRECTOR VALUES LOPEZ (P) W 82 AVE STE:M	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address DORA	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address DORA	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M L, FL 33166	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address DORA Name and Title:	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M L, FL 33166	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address DORA Name and Title:	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M L, FL 33166	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address DORA Name and Title:	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M L, FL 33166	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address DORA Name and Title:	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M L, FL 33166	Name and Title:Address:	
ICLE IV SHARES number of shares of stock is: ICLE V INITIAL OFFI Name and Title: Address Name and Title: Address	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M L, FL 33166	Name and Title:Address:Name and Title:Name and Title:	
Name and Title: Name and Title: Address Name and Title: Address	CERS AND/OR DIRECTOR VALDES LOPEZ (P) W 82 AVE STE:M L, FL 33166	Name and Title: Address: Name and Title: Name and Title: Name and Title:	

Name a	nd Title:	Name and Title:
Addres	·\$	Address:
	REGISTERED AGENT	a
Name:	Torida street address (P.O. Box NOT acceptable) of YOAN VALDES LOPEZ	the registered agent is:
Address:	3625 NW 82 AVE Ste M	
Address.	DORAL, FL 33166	
ARTICLE VII	<u>INCORPORATOR</u>	
	ddress of the Incorporator is:	
Name:	YOAN VALDES LOPEZ	
Address:	3625 NW 82 AVE Ste: M	
	DORAL, FL 33166	•
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	(OPTIONAL)
iling.)	sate is fisted, the date must be specific and cannot	De more than tive days prior or 90 days after the
Note: If the date	e inserted in this block does not meet the applicable s	tatutory filing requirements, this date will not be listed as
ne document s e	ffective date on the Department of State's records.	
Having been nat this certificate 1	ned as registered agent to accept service of process ; In familiar with and accept the appointment as regi	for the above stated corporation at the place designated stered agent and agree to act in this capacity
3 / 1/h	w _	03/22/2019
	Required Signature/Registered Agent	Date
submit this document to the	tument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in as provided for in \$.817.155, F.S.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		03/22/2019
Boqui	red Signature/Incorporator	Date