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(Req	uestor's Name)				
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SECRETARY OF STATE

N CULLIGAN: 8/13/20:3

COVER LETTER

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

SUBJECT: Zoeju 6	express inc		
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of
		ADDITIONAL CO	
FRÖM:	leson Simon Name 6 E 26th Ave Apt c	e (Printed or typed)	
		Address	
Tan	npa FL 33605		
	City	State & Zip	
404	-247-7143		
	Daytime T	elephone number	
zoej ——	u.kidd@gmail.com		
	E-mail address: (to be used	for future annual report ne	otification)

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

And the second and th



July 29, 2019

JUDESON SIMON 1006 E 26TH AVE APT C TAMPA, FL 33605

SUBJECT: ZOEJU EXPRESS INC Ref. Number: W19000068584

We have received your document for ZOEJU EXPRESS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

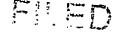
The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 819A00015388



ARTICLES OF INCORPORATION

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

2019 AUG 12 PM 4: C

TLET NAME of the corporate of the corpor	zoeju express inc		SECRETARY OF S
	NCIPAL OFFICE Principal <u>street</u> address		TALLAHASSEE, g address, if different is:
E 26th Ave Ap	ot o		
33605 ے a			
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TEV SHA moer of shures TEV INIT	Res of storbus	<u></u> D <u>nC</u>	
TEW SHA macr of shares of TEV INIT	RES of stock is.	ਮਨ Name and Title:	
TEV SHA moer of shures TEV INIT	RES Distantias. 14 LAL GEFICERS AND/OR DIRECTO tle: Judeson Simon C.E.O	Name and Title:	
TEW SHA macr of shares of TEV INIT	A LAT. GEFICERS AND/OR DIRECTO tle: 1006 E 26th Ave Apt c	DrC Name and Title: Address:	-
T.E.W. SHAL macr of sirures of T.E.V. INIT Name and Tit Address	ALANGEFICERS AND/OR DIRECTOR Ide: Judeson Simon C.E.O 1006 E 26th Ave Apt c Fampa FL 33605	Name and Title: Noderes:	
T.E.W. SHAL macr of sirures of T.E.V. INIT Name and Tit Address	ECS Of stochus. LAT. OFFICERS AND/OR DIRECTO tle: Judeson Simon C.E.O 1006 E 26th Ave Apt c Fampa FL 33605	Name and Title: Nddress:Name and Title:Name and Title:	
TEW SHAL moer of shures of TEV INIT Name and Tit Address Name and Titl	IAL GUFICERS AND/OR DIRECTO tle: Judeson Simon C.E.O 1006 E 26th Ave Apt c Fampa FL 33605	Name and Title: Address: Address: Name and Title: Name and Title	
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TEW SHA maer of shares of TEV INIT Name and Tit Address	IAL GEFICERS AND/OR DIRECTO tle: Judeson Simon C.E.O 1006 E 26th Ave Apt c Fampa FL 33605	Name and Title:	
TEW SHA maer of shares of TEV INIT Name and Tit Address	IAL OFFICERS AND/OR DIRECTO Late: Judeson Simon C.E.O 1006 E 26th Ave Apt c Fampa FL 33605	Name and Title:	

Name	and Title:	Name and Title:	
Address		Address:	
			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acc	eptable) of the registered agent is:	
Name:	Judeson Simon		
r duress.	1006 E 2oth Ave apt c		
,	Tampo FL 3360!.		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		2019 AUG SECRETA
The name and	address of the Incorporator is:		AUG AUG
Name.	Judeson Simon		S 12 AFIA
Address.	1606 E 26m Ave Apt c		600 ₽
	n oa FL 30505		19 AUG 12 PM 4: 05 ECRETARY OF STATE TALLAHASSEE, FL
Effective date,	if other than the date of filing: 07/12/2019 date is listed, the date must be specific a	(OPTION/	111 NL)
Note: If the day, he lowerman's	to inserted in this block does not meet the a effective date on the Department of State a	policable satatory filing requirements.	ents, this date will not be listed as
Having been no this certificate,	med as registered agent to accept service of am familiar with and accept the appointm	if p. noons for the above muted corp ent as registered agent and agree to	norution at the place designate is or act in this capacity
De	<u> </u>		07/11/2019
	Required Signature/Registered A	gent	Date
I submit this do document to the	ocument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that the tree felony as provided for in s.817.	e false information submitted in a 155, F.S.
	1/4		07/11/2019
Rugi	nired Signature/Incorporator	114 A - 114 A	Date