## P2000053366

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:  HOGOL (ALL)  Which Circl
Sandra 850-322-7898

Office Use Only

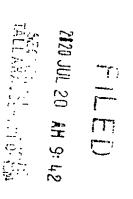
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## COVER LETTER

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

SUBJECT: SC EXPreSS CORP

## (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 Filing Fee	<ul><li></li></ul>	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED

FROM:	ALL AMERICAN PERMITS LLC
	Name (Printed or typed)
	6801 NW 77TH AVE SUITE 103
	Address
	MIAMI FL 33166
	City, State & Zip
	305-501-4791
	Daytime Telephone number
<del></del> -	info@allamericanpermits.com
	E-mail address: (to be used for future annual report polification)

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)

HOMESTEAD FL 33032  **RTICLE III PURPOSE** The purpose for which the corporation is organized is:  **RTICLE IV SHARES** The number of shares of stock is: 100	
RTICLE III PURPOSE The purpose for which the corporation is organized is:  RTICLE IV SHARES The number of shares of stock is: 100	
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number of shares of stock is: 100	
TICLE V INITIAL OFFICERS AND/OR DIRECTORS	
	Name and Title:
Name and Title: PEDRO PABLO FLORES / PRESIDENT	Name and Title:
Address 11741 SW 250TH ST	Address:
HOMESTEAD FL 33032	<b>&gt;</b>
	<del></del>
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	
,100,103	Address:

, value ,	and Title:	Name and Title:
Address		Address:
	***************************************	
ARTICI F VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:
Name:	PEDRO PABLO FLORES	
Address:	11741 SW 250TH ST	
	HOMESTEAD FL 33032	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and:	address of the Incorporator is:	
Name:	PEDRO PABLO FLORES	
Address:	11741 SW 250TH ST	
	HOMESTEAD FL 33032	
		<del></del>
ARTICLE VIII	EFFECTIVE DATE: 07/08/202	20 (OPTIONAL)
	date is listed, the date must be specific an	d cannot be more than five days prior or 90 days after the
(If an effective		
(If an effective filing.)		
(If an effective filing.) <u>Note:</u> If the dat	e inserted in this block does not meet the ap effective date on the Department of State's i	oplicable statutory filing requirements, this date will not be listed records.
(If an effective filing.)  Note: If the dathe document's	effective date on the Department of State's	records.
(If an effective filing.)  Note: If the dathe document's  Having been na	effective date on the Department of State's i , med as registered agent to accept service of p	records. Process for the above stated corporation at the place designated in
(If an effective filing.)  Note: If the dathe document's  Having been na	effective date on the Department of State's i , med as registered agent to accept service of p	records. process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity
(If an effective filing.)  Note: If the dathe document's  Having been na	effective date on the Department of State's med as registered agent to accept service of p familiar with and accept the appointment as	records.  process for the above stated corporation at the place designated in registered agent and agree to act in this capacity  07/08/2020
(If an effective filing.)  Note: If the dathe document's Having been nacertificate, I am	med as registered agent to accept service of p familiar with and accept the appointment as  Required Signature/Registered Ag	process for the above stated corporation at the place designated in a registered agent and agree to act in this capacity    O7/08/2020