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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 C A S EXPRESS CORP

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

RECEIVED

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

	ARTICLE I NAME: The name of the corporation is:
 -	CAS EXPRESS CORP
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	640 SE 7 TPL
	HIALGA 4, FL 33010
\RTI(CLE III SHARES: The number of shares of stock is:
	The finitive of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	CARLOS H. SALAZAR - PRESIDENT
	
ART	ICLEY INITIAL REGISTERED AGENT AND STREET ADDRESS:
The na	me and Florida street address (PO Box not acceptable) of the registered agent is
	CARLOS H SALAZAA
	640 SE 7th PL.
	HIALEMIA, FL 33010
A D/PL	CLE IV. MICORDOD LITTOR OF THE CLEAN CO.
<u> </u>	CLE VI INCORPORATOR: The name and address of the Incorporator is:
	CHKLOS H SALAZAR
	640 SE 7 PL
140	7LEAH FZ 33010

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

Registered rigent 08/01/2020

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.

| 108/12020 | Date | D