

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P200003681603ABC-2758

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.

((H200003681603))



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

From: Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

****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
MONSTER EXPRESS INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: MONSTER EXPRESS INC
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SICONT ENTERPRISES OF AMERICA INC
Name (Printed or typed)

13574 Village Park Dr. Ste 250

Address

Orlando FL 32837

City, State & Zip

407-443-8973

Daytime Telephone number

sicont@live.com

E-mail address: (to be used for future annual report notification)

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

2020 OCT 22 PM 3:21

STATE
DIVISION OF
CORPORATIONS
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MONSTER EXPRESS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1397 Lattimore Dr

Clermont FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

to engage in any and all lawful business allowed in the United States of America and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P.VP,S

Name and Title: _____

Address Ignacio Jose Hernandez Rodriguez

Address: _____

1397 Lattimore Dr

Clermont FL 34711

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 OCT 22 PM 3:21
STATE
SECRET

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ORLANDO REGISTERED AGENTS LLC
Address: 13574 Village Park Dr Ste 250
Orlando FL 32837

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Desiree Torres
Address: 13574 Village Park Dr Ste 250
Orlando FL 32837

2020 OCT 22 PM 3:21
STATE
SECRETARY**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Desiree Torres
Required Signature/Registered Agent

10/22/2020

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.

Desiree Torres
Required Signature/Incorporator

10/22/2020

Date

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