Division of Corporations Electronic Filing Cover Sheet

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.

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|          | Doing so will generate another cover sheet.   | · · · · · · · · · · · · · · · · · · · |
|----------|---|---------------------------------------|
| To:      | ·   | ,                                     |
| 10.      | Division of Corporations  |                                       |
|          | Fax Number : (850)617-6381  | £L:                                   |
| from:    |   | 7                                     |
|          | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019   | •                                     |
|          | Phone : (305)552-5973   |                                       |
|          | Fax Number : (305)675-5944  |                                       |
| an<br>£m | the email address for this business entity to be used for mula report mailings. Enter only one email address please mail Address: | • • • • • • • • • • • • • • • • • • • |
| an<br>£m | nual report mailings. Enter only one email address please   | · · · · · · · · · · · · · · · · · · · |
| an<br>£m | FLORIDA PROFIT/NON PROFIT CORPORATION   | · · · · · · · · · · · · · · · · · · · |
| an<br>£m | FLORIDA PROFIT/NON PROFIT CORPORATION  J.B EXPRESS INC  | · · · · · · · · · · · · · · · · · · · |
| an<br>£m | FLORIDA PROFIT/NON PROFIT CORPORATION  J.B EXPRESS INC  Certificate of Status  1  | · · · · · · · · · · · · · · · · · · · |
| an<br>£m | FLORIDA PROFIT/NON PROFIT CORPORATION  J.B EXPRESS INC  Certificate of Status  1  Certified Copy  0                               | • • • • • • • • • • • • • • • • • • • |
| an<br>£m | FLORIDA PROFIT/NON PROFIT CORPORATION  J.B EXPRESS INC  Certificate of Status  Certified Copy  Page Count  O  03                  | • • • • • • • • • • • • • • • • • • • |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:

**INCORPORATOR:** The name and address of the Incorporator is:

Tamiamicana

EFFECTIVE 1-1-2021

ARTICLE III

| Express INC  |                                       |
|--|---------------------------------------|
| ARTICLE II PRINCIPAL OFFICE:   |                                       |
| The principal street address and mailing address is:    UW S Tamiami' Cana   D.R |                                       |
| SHARES: The number of shares of stock is:  | _·                                    |
| LOPEZ (P)  | ייים טרט                              |
|  | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
|  |                                       |

## 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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 12/17/20

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.

Incorporator

Date

21 DEC 17 AMII: 03