Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I200000000019 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.S.T EXPRESS CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

C.S.T express corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
_14331 Sw 96 W, mani, 81,33181
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER 3:
Cruthian Sanchez - P
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address (PO Box not acceptable) of the registered agent
Ceisthian Sanchez
0
19331 SW 96 M, man, Fl, 33186
APTICI E VI INCORDORATOR TO
ARTICLE VI INCORPORATOR: The name and address of the Incorporator
Certhian Sanchet
14331 5W 96 IN, miami, F1,33186

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 Agent C2/12/2021
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.

Incorporator

Date