

P 21000045892

Florida Department of State
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.

((H21000198825 3)))



H210001988253ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (365)444-4994
Fax Number : (365)444-4977

****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
ECA EXPRESS INC.**

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

FILED

21 MAY 18 AM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 18 PM 3:59

ALICE
SECRETARY
OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

SB
5/18/21

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

ARTICLE I NAMEThe name of the corporation shall be: ECA EXPRESS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
555 CUTTER LANE

Mailing address, if different is:

555 CUTTER LANEAPT A-109APT A-109PALM SPRINGS, FL 33461PALM SPRINGS, FL 33461**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ERICH CORDERO - P

Name and Title: _____

Address 555 CUTTER LANE

Address: _____

APT A-109PALM SPRINGS, FL 33461

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 MAY 18 AM 4:54

FILED

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: ERICH CORDERO
 Address: 555 CUTTER LANE APT A-109
PALM SPRINGS, FL 33461

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ERICH CORDERO
 Address: 555 CUTTER LANE APT A-109
PALM SPRING, FL 33461

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*Erich Cordero

Required Signature/Registered Agent

05/17/2021

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.*Erich Cordero

Required Signature/Incorporator

05/17/2021

Date

21 MAY 18 AM 4:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED