

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.

((H22000081971 3)))



H220000819713ABC/

**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 : 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  
CAPITAL EXPRESS USA; CORP**

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



Florida Department of State

2022 MAR -3 PM 3:09

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:CAPITAL EXPRESS USA, CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14505 COMMERCE WAY SUITE #504  
MIAMI LAKES FL 33016**ARTICLE III SHARES:** The number of shares of stock is:1000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ISRAEL LICEA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Israel Licea  
14505 Commerce Way Suite #504  
Miami Lakes FL 33016**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Israel Licea  
14505 Commerce Way Suite #504  
Miami Lakes FL 33016FILED  
2022 MAR -3 PM 3:09  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

**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 Agent03/03/2022  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator03/03/2022  
\_\_\_\_\_  
Date

FILED

2022 MAR -3 PM 3:10

LAZARUS CORPORATE  
TALLAHASSEE, FLORIDA