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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA EXPRESS RECOVERY INC

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

FLORIDA EXPRESS RECOVERY INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 2530 NW 95TH STREET MIAMI, FL 33147

The mailing address of the corporation is: 2530 NW 95TH STREET
MIAMI, FL 33147

ARTICLE III - THE PURPOSE

The purpose for which this corporation is Organized is

ANY AND ALL LAWFUL BUSNINESS

ARTICLE IV - SHARES

The number of shares the corporation is authorized to issue is

100 Shares

ARTICLE V – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAZMINE RAMIREZ 2530 NW 95TH STREET MIAMI, FL 33147 2021 HAY 20 AM 8: 03

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Article of Incorporation is

JAZMINE RAMIREZ 2530 NW 95TH STREET **MIAMI, FL 33147**

The undersigned incorporator has executed these Articles of Incorporation these 20th days of May 2022.

nature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Article of Incorporation is (are):

JOSE LUIS MARTINEZ INCER 2530 NW 95TH STREET MIAMI, FL 33147

PRESIDENT

JAZMINE RAMIREZ 2530 NW 95TH STREET MIAMI, FL 33147

VICE PRESIDENT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provision of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

istered Agent Signature