

10/6/22, 3:47 PM

Division of Corporations

P22000077056
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JOELOMONACO@LMITAX.COM

FLORIDA PROFIT/NON PROFIT CORPORATION**R. Edwards Express Inc.**

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

2022 OCT -6 PM 4:45

2022 OCT -6 PM 11:58

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: R. Edwards Express Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1120 Orienta AvenueAltamonte Springs, FL 32701**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal or Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Roger Edwards - President

Name and Title: _____

Address 1120 Orienta Avenue

Address: _____

Altamonte Springs, FL 32701

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

DocuSign Envelope ID: CC36A85A-FFE7-4729-8EC3-42A6A77CF2A5

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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: Roger Edwards

Address: 1120 Orienta Avenue

Altamonte Springs, FL 32701

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Roger Edwards

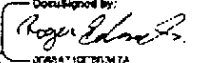
Address: 1120 Orienta Avenue

Altamonte Springs, FL 32701

ARTICLE VIII EFFECTIVE DATE:

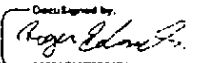
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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*DocuSigned by:

Required Signature/Registered Agent

October 5, 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.*DocuSigned by:

Required Signature/Incorporator

October 5, 2022

Date

OCT-6 PM 1:58
STATE OF FLORIDA
DEPT. OF STATE

ED