

9/11/24, 1:01 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P2400005962

Note: Please print this page and use it as a cover sheet. Type the document number (shown below) on the top and bottom of all pages of the document.

((H24000309600 3)))

FL
9-12-24



H240003096003ABCY

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 : (305)444-4994
Fax Number : (305)328-4774

****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
HIGH-CLASS EXPERIENCE CORP**

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

2024 SEP 11 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

RECEIVED

2024 SEP 11 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME

The name of the corporation shall be: HIGH-CLASS EXPERIENCE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4191 PALM BAY CIR APT B
WEST PALM BEACH, FL 33406

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSPORTATION AND ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDUARD ANDRES FAJARDO CAMELO - P

Name and Title: _____

Address 4191 PALM BAY CIR APT B
WEST PALM BEACH, FL 33406

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2024 SEP 11 PM 3:10
STATE OF FLORIDA
TALLAHASSEE, FL
FILED

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDUARD ANDRES FAJARDO CAMELO
 Address: 4191 PALM BAY CIR APT B
WEST PALM BEACH, FL 33406

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDUARD ANDRES FAJARDO CAMELO
 Address: 4191 PALM BAY CIR APT B
WEST PALM BEACH, FL 33406

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.

 Required Signature/Registered Agent

09/11/2024

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.

 Required Signature/Incorporator

09/11/2024

Date

2024 SEP 11 PM 5:10
 DEPT OF STATE
 FILED
 09/11/2024