

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

P24000418993

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.

((H24000418993 3)))



H240004189933ABC7

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 : I2000000019
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: _____

FILED
SECRETARY OF STATE
CORPORATIONS
24 DEC 20 PM 6:45

FLORIDA PROFIT/NON PROFIT CORPORATION DOMINO EXPRESS INC

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

RECEIVED
2024 DEC 20 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

HE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EFFECTIVE DATE 1-1-2025

ARTICLE I NAME: The name of the corporation is:

Domino Express inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5800 SW 113 CT

Miami FL 33173

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Alin Blanco (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Alin Blanco

5800 SW 113 CT Miami FL 33173

FILED
SECRETARY OF STATE
CORPORATIONS
24 DEC 20 PM 6:45

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

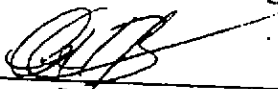
ALIN BLANCO

5800 SW 113 CT

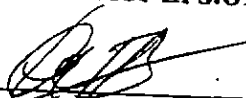
MIAMI FL 33173

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 Agent _____ 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.


_____ Incorporator _____ Date

FILED
SECRETARY OF STATE
24 DEC 20 PM 6:45