P9580000 4952 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 8327 Tallahassee, FL 32314

EXPRESS

900001384739 -01/19/95--01057--017 *****70.00 *****70.00

for :	is an original	and one (1) cop \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	incorporation and \$131.25 Filing Fee, Certified Copy & Certificate	a check 95 JAN 19 SECRETARY TALLAHASS	三
	FROM:	Patsu	PH 3: 2			
		275	entral P	Kuy	DE -	
		Alfanco	nte Spring	PIA 3272) [
		(407) 3 Daytim	39-2536 Telephone number		\mathcal{C}	

(Proposed corporate name - must include suffix)

NOTE: Please provide the original and one copy of the articles.



S IN CONTROL OF SEA

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 L

The name of the corporation shall be: Express Groceries. TNC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

275 Central Pkung Altamonte Springs

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Patsy Excutrer
275 Central Pkuy
Alfamonte Spring DIA 32701

ARTICLE V INCORPORATOR(S)

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

Patsy Gautier-President 225 Central Pky #721 Altmonte Spins FIA 32701 (407) 339-2536

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of 194N 19 95.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUAN; TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: EXPVESS EVEX EVEX	. 7NC	- ,
2.	The name and address of the registered agent and office is: Patry Scuffer (Name) 275 Central Plan #721 (P.O. Box not acceptable) Alternonte Spring PIA 32701 (City/State/Zip)	95 JAN 19 PH 3: 21 SECRETARY OF STATE TALLARIASSEE, FLORIDA	

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature)