

P95000032323

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
95 APR 21 PM 2:20
TALLAHASSEE, FL

SUBJECT: C E L Express, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

LOW CERVERIZZO
Name (printed or typed)

800 Palm Cove Dr.
Address

Orlando FL 32835
City, State & Zip

407-296-3826
Daytime Telephone number

ENCLOSURE 14072440
157212/95 01064 007
***131.25 ***131.25

APC 4/25

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

ARTICLES OF INCORPORATION

FILED
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SECRET
TALLAHASSEE, FLORIDA

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:

C & L Express, Inc.

ARTICLE II PRINCIPAL OFFICE

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

800 Palm Cove Dr.

Orlando, FL. 32835

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:

LOW CERVERIZZO

800 Palm Cove Dr.

Orlando, FL. 32835

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Lou Cerverizzo

800 Palm Cove Dr.

Orlando, Fl. 32835

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

19 day of April, 19 95.

Lou Cerverizzo
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: C & L Express, Inc.

2. The name and address of the registered agent and office is:

LOW CERVERIZZO
(NAME)

800 Palm Cove Dr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, FL 32835
(CITY/STATE/ZIP)

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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.

Low Cerverizzo
(SIGNATURE)

April 19, 1995
(DATE)