

JUN/22/2015 11:44 AM  
6/22/2015

**PI5000053480**

FAX No  
Division of Corporations

01/01/15

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H15000152840 3)))



H150001528403ABC

**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)444-4977

15 JUN 22 PM 4: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**\*\*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  
CUBA PACK ENVIOS & TRAVEL SERVICES, CORP.**

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

RECEIVED  
15 JUN 22 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 23 2015

**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: CUBA PACK ENVIOS & TRAVEL SERVICES, CORP.

**ARTICLE II PRINCIPAL OFFICE**

|   |  |
|---|--|
| Principal <u>street</u> address<br><u>4933 SW 127 PLACE</u><br><u>MIAMI, FL 33175</u> | Mailing address, if different is:<br>_____<br>_____<br>_____ |
|---|--|

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|  |  |
|--|--|
| Name and Title: <u>JOSE ALVAREZ (P/S)</u><br>Address: <u>4933 SW 127 PLACE</u><br><u>MIAMI, FL 33175</u>   | Name and Title: _____<br>Address: _____<br>_____ |
| Name and Title: <u>SANTIAGO ALVAREZ (V)</u><br>Address: <u>4933 SW 127 PLACE</u><br><u>MIAMI, FL 33175</u> | Name and Title: _____<br>Address: _____<br>_____ |
| Name and Title: <u>ONELIO BAEZ (V)</u><br>Address: <u>4933 SW 127 PLACE</u><br><u>MIAMI, FL 33175</u>      | Name and Title: _____<br>Address: _____<br>_____ |

**FILED**  
 15 JUN 22 PM 4:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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: JOSE ALVAREZ  
 Address: 4933 SW 127 PLACE  
MIAMI, FL 33175

**FILED**  
 15 JUN 22 PM 4:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE ALVAREZ  
 Address: 4933 SW 127 PLAE  
MIAMI, FL 33175

**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 business days prior or 90 business 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 06/19/2015  
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 06/19/2015  
Date