

P25000010098

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SOLUTAX USA CORP  
Account Number : I20240000094  
Phone : (305)607-7718  
Fax Number : (786)980-2817

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: imatheus@solutaxusa.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LISVANI M EXPRESS CORP**

Certificate of Status	0
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**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: LISVANI M EXPRESS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

2270 EVERGLADES DR

MIRAMAR, FL 33023

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LISVANI MARTINEZ DIAZ - PRESIDENT Name and Title: \_\_\_\_\_

Address 2270 EVERGLADES DR Address: \_\_\_\_\_

MIRAMAR, FL 33023 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: \_\_\_\_\_ LISVANI MARTINEZ DIAZ  
Address: \_\_\_\_\_ 2270 EVERGLADES DR  
\_\_\_\_\_ MIRAMAR, FL. 33023  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: \_\_\_\_\_ LISVANI MARTINEZ DIAZ  
Address: \_\_\_\_\_ 2270 EVERGLADES DR  
\_\_\_\_\_ MIRAMAR, FL. 33023  
\_\_\_\_\_

**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  
02-18-2025  
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  
02-18-2025  
Date