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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stevens JAN 27 2012

COVER LETTER

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

SUBJECT: Tiger Logistic Services Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ $70.00 Filing Fee

☒ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Hilda Blasco
Name (Printed or typed)

6745 SW 19 St
Address

Miami, Fl 33155
City, State & Zip

786-413-7541
Daytime Telephone number

Hildiyosu@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

Attn: Justin Shives
Ref: W11000067

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: Tiger Logistic Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6745 SW 19St
Miami, FL 33155

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Trucking Company

ARTICLE IV SHARES
The number of shares of stock is: ~~6~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hilda Blasco President
Address: 6745 SW 19St
Miami, FL 33155

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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ARTICLE VI REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Hilda Blasco
Address: 6745 SW 19St
Miami, FL 33155

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Hilda Blasco
Address: 6745 SW 19St
Miami, FL 33155

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

HBlasco
Required Signature/Registered Agent

12-29-11
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.

HBlasco
Required Signature/Incorporator

12-29-11
Date