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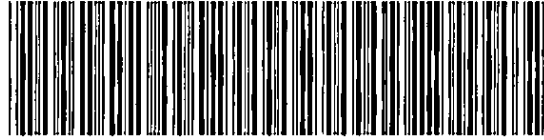
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. O'KEEFE

SEP 23 2022

## COVER LETTER

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

**SUBJECT:** Volarys Logistics Consulting, 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       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Melissa Pena  
Name (Printed or typed)

2500 NW 107 Avenue Suite 202-BB  
Address

Doral, FL 33172  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

mpena@volarys-ec.com  
E-mail address: (to be used for future annual report notification)

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

**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: Volarys Logistics Consulting, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2500 NW 107 Avenue, Suite 202-BB  
Doral, FL 33172

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The company's corporate purpose is - Acquiring interests and holdings,

in any form whatsoever, in any company or enterprise, in existence or to be created, connected directly or indirectly with: 1) Helping low-income or underserved communities; 2) Promoting economic opportunities beyond normal employment creation; 3) Improving human health; 4) All while protecting and restoring the environment. This shall include but NOT be limited to: - Purchase and sale of all raw materials and products necessary for these activities;

All commercial, industrial, real or personal, property financial or other transactions, connected directly or indirectly, totally or partially, with the activities described above and with all similar or related activities and even with any other purposes likely to encourage or develop the company's activities. Company will provide logistics and consulting to any and all interested party(ies).

**ARTICLE IV SHARES**

The number of shares of stock is: One million (1,000,000)

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

Name and Title: Melissa Pena Name and Title: \_\_\_\_\_

Address 2500 NW 107 Avenue Address: \_\_\_\_\_  
Suite 202-BB  
Doral, FL 33172

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

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

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

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

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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: Melissa Pena

Address: 2500 NW 107 Avenue, Suite 202-BB

Doral, FL 33172

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Melissa Pena

Address: 2500 NW 107 Avenue, Suite 202-BB

Doral, FL 33172

**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*

Melissa Pena  
Required Signature/Registered Agent

09/23/22  
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.*

Melissa Pena  
Required Signature/Incorporator

09/23/22  
Date