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From:

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Account Number : I20200000009

Phone : (954)544-1000 Fax Number : (954)678-4500

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FLORIDA PROFIT/NON PROFIT CORPORATION **3P LOGISTICS CORP**

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EU PKI	NICTO OF CIECUCE		
	NCIPAL OFFICE Principal street address	Mailing addr	ess, if different is
SW 67TH A <u>V</u> E	E APT 129	SAME	
	1964		
CLETH PUR	RPOSE		
urpose for which	th the corporation is organized is: _ANY AI	ND ALL LAWFUL BUSINESS	
	<u> </u>		
	TIAL OFFICERS AND/OR DIRECTOR.		
	Title: RALF DE CASTRO RIOS MOTTA - PRE	SIDENT Name and Title:	
		SIDENT Name and Title:	
Name and I	Title: RALF DE CASTRO RIOS MOTTA - PRES	SIDENT Name and Title:Address:	
Name and I	Title: RALF DE CASTRO RIOS MOTTA - PRE	SIDENT Name and Title:Address:	
Name and I	Title: RALF DE CASTRO RIOS MOTTA - PRES	SIDENT Name and Title:Address:	
Name and I	Title: RALF DE CASTRO RIOS MOTTA - PRES	SIDENT Name and Title:Address:	
Name and T	Title: RALF DE CASTRO RIOS MOTTA - PRES 2201 SW 67TH AVE APT 129 MIAMI, FL, 33155-1964	Address:	
Name and I	Title: RALF DE CASTRO RIOS MOTTA - PRES 2201 SW 67TH AVE APT 129 MIAMI, FL, 33155-1964	SIDENT Name and Title:Address:	
Name and T	Title: RALF DE CASTRO RIOS MOTTA - PRES 2201 SW 67TH AVE APT 129 MIAMI, FL, 33155-1964	Name and Title: Address:	
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tax Corp	Fax: 19548784500	To:	Fax: (850) 617-6381	Page: 4 of 4	01/05/2024 5:29 PM
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Λ	ddress	· · · - · · ·	Address:		
	_				
ARTICLE The name	VI REGISTE and Florida stre	<i>RED AGENT</i> et address (P.O. Box NO	OT acceptable) of the registered agent i	s:	
Name:	JTAX C	ORP			
Address:	23123 S	TATE RD 7 STE 315			
	BOCA RA	TON, FL 33428			
<u>ARTICI.E</u>	VII INCORPO	<u>ORATOR</u>			
The <u>name</u>	and address of th	e Incorporator is:			
Name:	JTA)	CORP			
Addre	ss: <u>231</u> 2	3 STATE RD 7 STE 315			
	ВОС	A RATON, FL 33428			
Effective of (If an effe filing.) Note: If the content of the con	ctive date is liste	the date of filing:01 d, the date must be spe	ecific and cannot be more than five et the applicable statutory filing requires tate's records.	days prior or 90	
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	I	Required Signature/Regis	stered Agent		- Date
I submit ti document	iis document and to the Departmen	uffirm that the facts s t of State constitutes a t	tated herein are true. I am aware the hird degree felony as provided for in s.	at the fulse inform 817,155, F.S.	nation submitted in a
					05/2024 ¹
Required S	Signature/Incorpo	rator		Date	