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.

(((H23000118730 3)))



To:						
	Division of Corpo	rations				
	Fax Number :	(850)617-6381				
Froi	π:					
	Account Name : 1					
	Account Number : : Phone : :					
		(305)599-0839 (305)592-9591				
	er the email address for annual report mailings Email Address:	or this busines: Enter only on	s entity t e email a	o be used	for futuease.**	DZ3 MAR 29
	annual report mailings	T/NON PROF	e email a	ddress pl	ease.**	MR 29 AM
	annual report mailings Email Address:	. Enter only on	e email a	ddress pl	ease.**	79 3
	annual report mailings Email Address:	T/NON PROF	e email a	ddress pl	ease.**	<u>?9</u> ₹
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Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

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

ARTICLE J NAME The name of the corporati	on shall be: By Col, Inc.			
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mailing address if different is.		
	ge Dr. Apt 1206			
Jacksonville, Ft				
he purpose for which th	<u>SE</u> e corporation is organized is: <u>Logist</u>	ics and Transportation		
RTICLETY SHARE	5		2023 MAR	
ne number of shares of st	ock is: 1,000		MAR ILLA	
RTICLE V INITIAL	OFFICERS AND/OR DIRECTORS		29 HAS	
Name and Title:	Fabio Castaneda, President	Name and Title:	SE SE	
Address _	7507 Park Village Dr, Apt 1206			
-	Jacksonville, FL 32256			
_		- ,	· · · · · · · · · · · · · · · · · · ·	
Name and Title:		Name and Title:		
Address				
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Name and Title:		Name and Title	7	
Address		Address		
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_				

Name and Title:		Name and Title:		
Addres	s	Address:	···	
ARTICLE VI	REGISTERED AGENT			
The name and F	lorida street address (P.O. Box NOT acceptable	of the registered agent is:		
Name	Fabio Castaneda	<u> </u>		
Address:	7507 Park Village Dr. Apt 1206			
	Jacksonville, FL 32256	_		
ARTICLE VII	INCORPURATOR			
The name and ac	ddress of the Incorporator is:			
Name:	Fabio Castaneda	_	_	
Address:	7507 Park Village Dr. Apt 1206		2023	
	Jacksonville, FL 32256	_	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Effective date, if (If an effective d filling.) Note: If the date	EFFE TIVE DATE: other than the date of filing: ate is listed, the date must be specific and can inserted in this block does not meet the applicab ffective date on the Department of State's record	not be more than five days prior of the stantory filing requirements, this	SSET the STATE OF FL	
Having been nam certificute, l am fo	and as registered agent to accept service of process and are with land accept the appointment as regist	for the above stated corporation at t ered agent and agree to act in this ca	he place designated in this spacity 03/28/2023	
	Required Signature/Registered Agent		Date	
l submit this doct document to the D	ement and offirm that the facts stated herein are department of State constitutes a third degree felo	e true. I am aware that the false in my as provided for in £817.155, F.S.	formation submitted in a	
Required Signatur			03/28/2023	
wedning asknytm	- I TOO AN ALUI	atc		