

N11000007376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

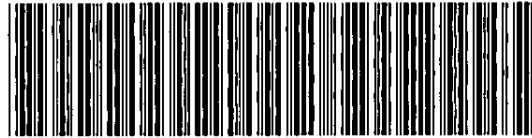
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11 AUG -4 AM 11:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 AUG -4 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
8/4

COVER LETTER

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

SUBJECT: Global Logistics Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Shannon Colston
Name (Printed or typed)

3722 Aksarhen Drive
Address

Tallahassee, FL 32311
City, State & Zip

(850) 980-4899
Daytime Telephone number

Princeofpool3@gmail.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Global Logistics Foundation Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

3722 Aksarben drive
Tallahassee, FL 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: counseling, food distribution, mentoring, and
rehabilitating circumstances

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: electoral by CEO.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shannon Colston CEO
Address: 3722 Aksarben Drive
Tallahassee, FL 32311

Name and Title: Mark McMillan CEO
Address: 3722 Aksarben Drive
Tallahassee, FL 32311

Name and Title: Juliet L. Colston CFO
Address: 3722 Aksarben Drive
Tallahassee, FL 32311

Name and Title: _____
Address: _____

Name and Title: Michael P. Lee CAO
Address: 3722 Aksarben Drive
Tallahassee, FL 32311

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Lee
Address: 3722 Aksarben Drive
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shannon Colston
Address: 3722 Aksarben Drive
Tallahassee FL 32311

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

Michael P. Lee
Required Signature of Registered Agent

8-4-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Shannon Colston
Required Signature of Incorporator

8-4-11
Date

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE