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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

BILL IZNAF DIR



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

SUBJECT: Logidea Corp.

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

\$87.50

Filing fee, Certified Copy & Certificate of Status

From:

Thomas Andrew Fiser

Address:

59 Lake Arbor Drive

City, State & Zip:

Palm Springs, Fl 33461

Daytime Telephone Number:

561-252-1865

Email:

Pfizerevolved@gmail.com

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Logidea Corp.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address is:

59 Lake Arbor Drive, Palm Springs, FL 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

10 Million (10,000,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

None Specified at this time.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Thomas Andrew Fiser

59 Lake Arbor Drive

Palm Springs, Fl 33461

ARTICLE VII INCORPORATOR

Thomas Andrew Fiser

59 Lake Arbor Drive

Palm Springs, Fl 33461

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.

signature/Registered Agent

Signature/Incorporator

1/16/2010

Date

1/16/2018

Date

2010 JAN 21 PM 1: 39