710000088449

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer.





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DEMARING HT OF THE DIVISION OF CORPORATIONS TALL AMASSEE, FLORIDA

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J. Shiners MIN' (1 700)

COVER LETTER

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

SUBJECT:	OMA UAS	STICS INC) ,					
Enclosed are an or	iginal and one (1) copy of the artic							
\$70.00 Filing Fee	\[\sqrt{\$78.75}	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of					
	Status ADDITIONAL COPY REQUIRED							
FROM: _	Manuel Ve	1929 UZ (Prihted surtyped)	JR					
2500 Forsyth ea.								
_	ar lando	C828 J7	7 ARRANA	Class 1992				
	063	State & Zip	Series I					
_	·	lephone number	20	O				
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 N The name of the corpo	PAME oration shall be: Jim 4	Logistics	Inc.			
ARTICLE II P	RINCIPAL OFFICE Principal street address	nd Qa.		Agiling address, if	different is:	
The purpose for which	<i>TRPOSE</i> The the corporation is organize	d is:			•	
	•					
ARTICLE IV Since The number of shares	HARES of stock is:					
	VITIAL OFFICERS AND/ IN January Vely 2500 Forsc or Jundo R	120065	Name and Title: Address:			
	ı					
Name and Title: Address:				51 	10 NOV	u į
	EGISTERED AGENT a street address (P.O. Box No Company of Company Company Company of Company Com	OT acceptable) of the Control of the	he registered agent	t is:		
ARTICLE VII IN The name and addres Name: Address:	Softhe Incorporator is: 2500 +0 () 2500 +0 ()	/elazqu th ra. 3280)	ez) is	, •	
	ns registered agent to accept a amiliar with and accept the ap Required Signature/Regis	pointment as regis				esignated in
	nt and affirm that the facts of riment of State constitutes a the Required Signature/In				ormation sub	omitted in a