## P10000094053

Office Use Only



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SECRETARY OF STATE



ALL CAIXA

## **COVER LETTER**

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

| SUBJECT: IS ALL ABOUT LOGISTICS, INC   |                                     |   |  |  |
|--|-------------------------------------|---|--|--|
| (PROPOSED CORPORA  | FE NAME – <u>MUST INC</u>           | LUDE SUFFIX)  |  |  |
| Enclosed are an original and one (1) copy of the artic   | cles of incorporation an            | d a check for:  |  |  |
| \$70.00 Filing Fee & Certificate of Status   | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED |  |  |
|  | ADDITIONAL                          | OT REQUIRED   |  |  |
|  |                                     |   |  |  |
| FROM: YAMILEIDY CRUZ Name (Printed or typed)   |                                     |   |  |  |
| 10742 N KENDALL I  | ORIVE. APT L4                       |   |  |  |
|  |                                     |   |  |  |
| MIAMI. FLORIDA. 33176 City, State & Zip  |                                     |   |  |  |
| (786) 399 56<br>Daytime Te   | 342                                 |   |  |  |
|  |                                     |   |  |  |
| ISALLABOUTLOGISTICS@GMAIL.COM E-mail address: (to be used for future annual report notification) |                                     |   |  |  |

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2010

RODOLFO O BAREA 3101 SW 98 AVE. MIAMI, FL 33165

SUBJECT: IS ALL ABOUT LOGISTICS, INC.

Ref. Number: W10000050109

We have received your document for IS ALL ABOUT LOGISTICS, INC: and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011</u> <u>date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

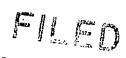
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 510A00025157

## ARTICLES OF INCORPORATION



|                           | In compliance with Chap   | ter 607 and/or Chapter 621, F.S. (Profit) | 10 NOV 15 PM 1: 04                     |
|---------------------------|---|---|--|
| ARTICLE I The name of the | NAME IS ALL ABOUT corporation shall be:                                       | LOGISTICS, INC                            | SECRETARY OF STATE TALLAHASSEE FLORIDA |
| ARTICLE II                | Principal street address 3500 SW 7 STREET MIAMI, FLORIDA, 33135               |   | ress, if different is:                 |
| This corpora              | PURPOSE which the corporation is organized is: ation may engage in the transa | action of any and all activities p        | ermitted under the laws                |

| The number of share                           | SHARES es of stock is: 100   |   |  |
|---|--|---|--|
|   | INITIAL OFFICERS AND/OR DIRECTOR   | <b>e</b>                                    |  |
|   | le:YAMILEIDY CRUZ / PRESIDENT  | <del></del>                                 | RODOLFO O BAREA/ VICE PRESIDEN   |
| Address:                                      | 10742 N KENDALL DRIVE, APT L4  |   | 3101 SW 98 AVE   |
|   | MIAMI FLORIDA 33176  |   | MIAMI. FLORIDA. 33165  |
| Name and Tit                                  | le: ABRAHAM A CASTILLO / VICE PRESIDENT  |   |  |
| Address:                                      | 4854 NW 7 STREET   | Address: _                                  |  |
| MIAMI. FLORIDA. 33126                         | MIAMI. FLORIDA. 33126  | . <u></u>                                   |  |
| Name and Tit                                  | le:  | Name and Title:_                            |  |
| Address:                                      |  | Address: _                                  |  |
| he <u>name and Flori</u><br>Name:<br>Address: | REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of YAMILEIDY CRUZ 10742 N. KENDALL DRIVE. APT L MIAMI. FLORIDA. 33176  INCORPORATOR ress of the Incorporator is: YAMILEIDY CRUZ 10742 N. KENDALL DRIVE. APT L4 MIAMI. FLORIDA. 33176 | .4  | is:  |
| aving been named<br>is certificate, I am      | d as registered agent to accept service of process familiar with and accept the appointment as regis   | for the above state<br>stered agent and ag  | ed corporation at the place designated in tree to act in this capacity  11/01/2010 |
|   | Required Signature Registered Agent  |   | Date   |
| submit this docun<br>cument to the Dej        | nent and affirm that the facts stated herein are to<br>partment of State constitutes a third degree felony   | true. I am aware ti<br>as provided for in s | hat the false information submitted in a s.817.155, F.S.                           |
|   | $\mathcal{O}_{\mathcal{N}} \setminus \mathcal{N}$  |   | 11/01/2010   |
|   | Required Signature/Incorporator  |   | Date   |