

P 12000038588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

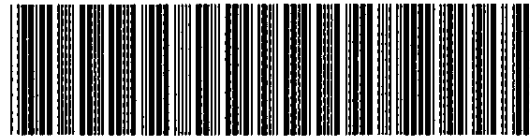
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300230080523

04/24/12--01008--003 **70.00

12 APR 24 PM 1:44

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/25/12

COVER LETTER

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

SUBJECT: ALMA LOGISTICS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: DENIS BRODECKI

Name (Printed or typed)

5064 MICHGAN AVE, APT 6 B

Address

WEST PALM BEACH, FL 33415

City, State & Zip

561-891-1662

Daytime Telephone number

DENIS8324@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 24 PM 1:44

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **ALMA LOGISTICS, INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
5064 MICHIGAN AVE. APT 6B
WEST PALM BEACH, FL 33415

Mailing address, if different: **12 APR 24 PM 1:44**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TRANSPORTATION AND LOGISTICS SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENIS BRODECKI, PRESIDENT	Name and Title: _____
Address: 5064 MICHIGAN AVE. APT 6 B	Address: _____
WEST PALM BEACH, FL 33415	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

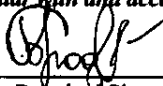
Name: **DENIS BRODECKI**
Address: **5064 MICHIGAN AVE. APT 6 B**
WEST PALM BEACH, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DENIS BRODECKI**
Address: **5064 MICHIGAN AVE. APT 6 B**
WEST PALM BEACH, FL 33415

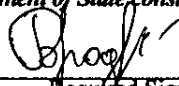
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/20/2012
Date

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



Required Signature/Incorporator

04/20/2012
Date