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(Requestor's Name)

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(City/State/Zip/Phone #)

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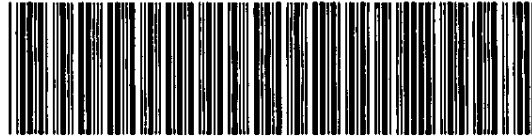
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 21 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FL 32302

T. Burch DEC 26 2012

COVER LETTER

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

SUBJECT: Intuitive Logistics Solutions, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sudkhanueng (Jane) Bynoe

Name (Printed or typed)

440 Sawgrass Corporate Parkway, #206

Address

Sunrise, FL 33325

City, State & Zip

702-370-3174

Daytime Telephone number

jane@wcafamily.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **Intuitive Logistics Solutions, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
440 Sawgrass Corporate Parkway #206
Sunrise, FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any lawful business a corporation can perform.

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David L. Yokeum - President
Address: 440 Sawgrass Corporate Parkway, #206
Sunrise, FL 33325

Name and Title: _____
Address: _____

Name and Title: Sudkhanueng Bynoe - Secretary
Address: 440 Sawgrass Corporate Parkway #206
Sunrise, FL 33325

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Sudkhanueng Bynoe
Address: 440 Sawgrass Corporate Parkway #206
Sunrise, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David L. Yokeum
Address: 440 Sawgrass Corporate Parkway #206
Sunrise, FL 33325

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

Sudkhanueng P. Bynoe

Required Signature/Registered Agent

14 Dec 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.

David L. Yokeum

Required Signature/Incorporator

04 Dec 2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32399