

PI3000066447

(Requestor's Name)

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(City/State/Zip/Phone #)

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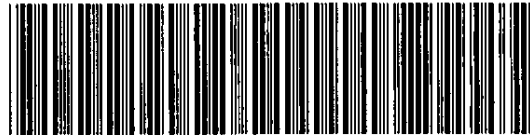
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K* 08/13/13

**COVER LETTER**

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

SUBJECT: AMSA Logistics, Corp.  
(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: Hector Abraham  
Name (Printed or typed)

953 SW 153 Path  
Address

Miami, FL 33194  
City, State & Zip

(305) 984-1012  
Daytime Telephone number

Sara.Abraham18@gmail.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: AMSA Logistics Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

953 SW 153 Path  
Miami, FL 33194

Mailing address, if different is:

953 SW 153 Path (same)  
Miami, FL 33194

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Primary Export Worldwide  
air shipments (FAK) Freight of all kind

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector Abraham - President

Address: 953 SW 153 Path  
Miami, FL 33194

Name and Title: Saira Abraham - VST (Vice president, Secretary, Treasurer)

Address: 953 SW 153 Path  
Miami, FL 33194

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(cont.)

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: Hector Abraham  
 Address: 953 SW 153 Path  
Miami, FL 33194

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_ Scirita Abraham  
 Address: 953 SW 153 Path  
Miami, FL 33194

*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

07/30/2013  
 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

07/30/2013  
 Date