

AUG/19/2013/MON 11:37 AM

8/19/13

P13000068243

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000183847 3)))



H130001838473ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE, INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SERVILOGISTIC INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
13 AUG 19 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG/19/2013/MON 11:37 AM

FAX No.

P. 002

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: **SERVILOGISTIC, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

8400 NW 25th STREET

SUITE: 100

DORAL, FL 33122

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PABLO MOISES LANDAVERDE JOVEL (P/D)**

Address: **8400 NW 25th STREET**

SUITE: 100

DORAL, FL 33122

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

13 AUG 16 AM 10:00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG/19/2013/MON 11:37 AM

FAX No.

P. 003

(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: PABLO MOISES LANDAVERDE JOVEL
Address: 8400 NW 25th STREET STE 100
DORAL, FL 33122

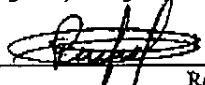
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PABLO MOISES LANDAVERDE JOVEL
Address: 8400 NW 25th STREET STE 100
DORAL, FL 33122

13 AUG 16 AM 10:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

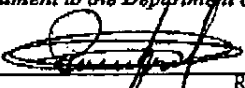
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

08-16-2013
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

08-16-2013
Date