

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

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To:

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

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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FLORIDA PROFIT/NON PROFIT CORPORATION
ARKO LOGISTICS, INC

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

Electronic Filing Menu

Corporate Filing Menu

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FAX No.

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850-817-8381

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September 12, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: ARKO LOGISTICS, INC
REF: W13000050444

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The address for the registered agent and the VP appears to be incomplete. Please correct accordingly.

Please return 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) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H13000201026
Letter Number: 113A00021454

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: **ARKO LOGISTICS, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

4680 N.W. 114TH AVENUE #201

MIAMI, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO TRANSACT ANY AND ALL LAWFULL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **200 SHARES PAR VALUE \$1.00**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **VERONICA R. AVILES P.D.**

Address: **4680 N.W. 114TH AVENUE # 201**

MIAMI, FL 33178

Name and Title:

Address:

Name and Title: **CARLOS COLL VP.**

Address: **1451 S. MIAMI AVE SUITE 1812**

MIAMI, FL 33130

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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(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: VERONICA AVILES
Address: 1451 S. MIAMI AVE. SUITE 1812
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VERONICA AVILES
Address: 4680 N.W. 114TH AVENUE # 201
MIAMI, FL 33178

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

X [Signature]
Required Signature/Registered Agent

9/06/2013
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.

X [Signature]
Required Signature/Incorporator

9/06/2013
Date

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