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COVER LETTER

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

SUBJECT: ALF	PAC Logistics Inc	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: G	yula Zsakay	(D. A. I.)	
12	259 W Granada I	e (Printed or typed) Blvd ste 201 Address	
0	rmond Beach,Flo		
38	36-451-8101	-	

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

Daytime Telephone number

gyulazsakay@hotmail.com

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

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

	pration shall be: Alpac Logistics RINCIPAL OFFICE		
	Principal street address	Mailing address,	if different is:
1259 W Gran	ada Blvd ste 201		
Ormond Bo	each,Florida,32174		
ARTICLE III PU	IRPOSE h the corporation is organized is: Any and all	l lawfull business,freight brokeri	ng,and forwarding
			EI VI
			AUG I I
ARTICLE IV S. The number of shares	HARES of stock is: 1000 share.per value S	\$.10 <u> </u>	AM 10: 1
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTO	RS	ن پيڙي د
	Dragidant	Name and Title:	
Address	Endre Banfi		
	1259 W Granada Blvd ste 201		
	Ormond Beach,FL,32174		
Name and Ti	tle: Vice President	Name and Title:	
Address	Laine Maay	Address:	
1 taa vaa	1259 W Granada Blvd ste 201		
	Ormond Beach,FL,32174		
Name and Ti	tle: Secretary	Name and Title:	
Address	Gyula Zeakay	_	
Address	1259 W Granada Blvd ste 201	Address.	<u> </u>
	Ormond Beach,Fl,32174		

Name ai	nd 1 itle:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Gyula Zsakay		
Address:	1259 W Granada Blvd ste 201	_	
	Ormond Beach,Fl,32174		
ARTICLE VII	INCORPORATOR	AUG I	
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Gyula Zsakay		
Address:	1259 W Granada Blvd ste 201		
	Ormond Beach,FI,32174	—	
	med as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity	
	(), -	8-7-2014	
	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.	
	1. 4	8-7-2014	
<u> </u>	Required Signature/Incorporator	Date	