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Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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15 APR 10 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Logisgrain Corporation

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

15 APR 10 PM 4:18

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: Logisgrain Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3422 Palm Crossing Drive Apt 104
Tampa, FL 33613

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Consulting

15 APR 10 AM 11:16
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STATE OF FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Otero, Pres
Address: 3422 Palm Crossing Drive Apt 104
Tampa, FL 33613

Name and Title: Marta Elena Jaramillo, VP
Address: 3422 Palm Crossing Drive Apt 104
Tampa, FL 33613

Name and Title: Claudia Graciela Cubina, Treasurer
Address: 3422 Palm Crossing Drive Apt 104
Tampa, FL 33613

Name and Title: Simon Jose Leal, Secretary
Address: 3422 Palm Crossing Drive Apt 104
Tampa, Fl 33613

Name and Title:
Address

Name and Title:
Address:

(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: Gabriel Otero

Address: 3422 Palm Crossing Drive Apt 104

Tampa, FL 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel Otero

Address: 3422 Palm Crossing Drive Apt 104

Tampa, FL 33613

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.

_____ 04-10-2015

Required Signature/Registered Agent — Date

I submit this statement 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.

_____ 04-10-2015

Required Signature/Incorporator — Date