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15 APR 13 PM 2:22

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**COVER LETTER**

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

SUBJECT: MIVR 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: MNATSAKAN SHANILYAN  
Name (Printed or typed)

10325 ORANGWOOD BLVD STE C  
Address

ORLANDO, FL 32821  
City, State & Zip

(646) 852-7222  
Daytime Telephone number

mivr11@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: MIYR LOGOSTICS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10325 ORANGEWOOD BLVD STE C  
ORLANDO, FL 32821

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO CONDUCT LAWFULL BUSINESS  
ACTIVITIES UNDER FLORIDA STATE REGULATIONS, SPECIFICALLY  
FLIGHT TRANSPORTATION

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MNATSAKAN SHAMILYAN Name and Title: \_\_\_\_\_

Address: 10325 ORANGEWOOD BLVD STE C Address: \_\_\_\_\_

ORLANDO FL 32821

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

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

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

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

15 APR 13 PM 2:28  
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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ORANGE  
FLORIDA

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: MNATSAKAN SHAMILYAN  
 Address: 10325 ORANGWOOD BLVD STE C  
ORLANDO, FL 32821

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MNATSAKAN SHAMILYAN  
 Address: 10325 ORANGWOOD BLVD STE C  
ORLANDO, FL 32821

*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

04/06/15  
 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

04/06/15  
 Date