Division of Corporations

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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 $\ddot{\wp}$

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone

: (800)221-2972

Fax Number : (888)692-9256

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 VITRINA LOGISTICS INC.

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Fax Server



September 28, 2015

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORORATE SERVICES, INC.

SUBJECT: VITRINA LOGISTICS INC.

REF: W15000064481

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 document must state the number of shares of authorized stock. The consultation of a legal dounsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Jessica A Fason Regulatory Specialist II FAX Aud. #: H15000230807 Letter Number: B15A00020430

15 SEP 28 PH 2: 38
SECRETARY OF STATE

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

Principal street address 250 174th Street, #1216 Sunny Isles Beach, FL 33160.		Malling address, if different is:	
		250 174th Street, #1216	
		Sunny Isles Beach, FL 3310	
ARTICLE III PU The purpose for which which corpor	RPOSE: the corporation is organized is: to enga ations may be organized.	ge In any lawful act or activity for	
The number of shares	THAL OFFICERS AND/OR DIRECTOR	-	
ARTICLE V D	of stock Is: 1,000	Name and Title:	
The number of shares ARTICLE V IN Name and Ti	of sect is: 1,000 THAL OFFICERS AND/OR DIRECTOR Ne: Yury Bukhbinder/Director	-	
The number of shares ARTICLE V IN Name and Ti	Procedus: 1,000 PATAL OFFICERS AND/OR DIRECTOR Use: Yury Bukhbinder/Director 250 174th Street, #1216 Sunny Isles Beach, FL 33160	Name and Title:	
The number of shares ARTICLE V IN Name and Ti Address	Procedus: 1,000 PATAL OFFICERS AND/OR DIRECTOR Use: Yury Bukhbinder/Director 250 174th Street, #1216 Sunny Isles Beach, FL 33160	Name and Title:	
The number of shares ARTICLE V IN Name and The Name and The	Procedus: 1,000 PATAL OFFICERS AND/OR DIRECTOR Use: Yury Bukhbinder/Director 250 174th Street, #1216 Sunny Isles Beach, FL 33160	Name and Title: Address: Name and Title:	
The number of shares ARTICLE V IN Name and The Name and The	THAL OFFICERS AND/OR DIRECTOR Ule: Yuny Bukhbinder/Director 250 174th Street, #1216 Sunny Isles Beach, FL 33160.	Name and Title: Address: Name and Title:	

			(contl.)
Name and	Title:	Name and Title:	
Address		Address:	
	<u> </u>		
		•	
ARTICLE VI The name and Fir	REGISTERED AGENT urida street address (P.O. Box NOT acceptable) o	f the registered agant is:	
Name:	Yury Bukhbinder,	•	
Address:	250 174th Street, #1216	_	
	Sunny Isles Beach, FL 33160.	•	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Yury Bukhbinder,	_	
Address:	250 174th Street, #1216	_	
, , , , , , , , , , , , , , , , , , , ,	Sunny Isles Beach, FL 33160	<u>.</u>	
Having been nan this certificate, I d	red as registered agent to accept service of process rm familiar with and accept the appointment as re	s for the above stated corpora gistered agent and agree to act	tion at the place designated in in this capacity
	Y 10		9/21/15
	Required Signature/Registered Agent		Date
I submit this document to the i	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the fal ny as provided for in 2.817.155	ise information submitted in a , F.S.
	P 11	·	9/4/1
	Regulred Signature/Incorporator		Dale (