Division of Corporations Electronic Filing Cover Sheet

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.

(((H16000073025 3)))



H160000730253ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

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 Antly Logistics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

MAR 2 8 2016 T. SCOTT

From:

03/25/2016 07:14

#195 P.002/005

850-617-6381

3/24/2016 1:13:54 PM PAGE 1/001 Fax Server



March 24, 2016

FLORIDA DEPARTMENT OF STATE

E-FILE - BLUMBERG/EXCELSIOR CORPORATE SERVICES

SUBJECT: ANTLY LOGISTICS, INC.

REF: W16000022024

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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

FAX Aud. #: H16000073025 Letter Number: 916A00006084 From:

03/25/2016 07:15

#195 P.003/005

850-617-6381

3/24/2016 1:12:34 PM PAGE

1/001 Fax Server



March 24, 2016

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERIVCES, INC.

SUBJECT: ANTLY LOGISTICS, INC.

REF: W16000022019

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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: B16000073025 Letter Number: 416A00006080 From:

03/25/2016 07:15 #195 P.004/005

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

			different is:	
	901 Ponce De Leon Blvd., Suite 508		901 Ponce De Leon Blvd., Suite 508	
oral Gables, FL 33134		Coral Gables, FL 33134		
RTICLE III PURPOSE he purpose for which the	corporation is organized is: Antly w	rill develop software that im	proves the effic	
multiple locations	through better online comr	nunications, email notificati	ions, and autom	
The company will	also provide consulting ser	vices to help organizations	build distribute	
eams across mult	tiple locations), so that they	have access to top talent	wherever they a	
RTICLE IV SHARES				
1110	, , 100	•		
he number of shares of sto	ck is:	•		
he number of shares of sto	ck is:	<u> </u>		
he number of shares of sto	ck is:	Name and Title:		
ne number of shares of sto RTICLE V INITIAL 6 Name and Title:	ck is:	Name and Title:		
ne number of shares of sto **RTICLE V INITIAL & Name and Title: E Address 90	officers AND/OR DIRECTORS inder Tortop (CEO)			
ne number of shares of sto **RTICLE V INITIAL & Name and Title: E Address 90	OFFICERS AND/OR DIRECTORS inder Tortop (CEO) 11 Ponce De Leon Blvd., Suite 508			
ne number of shares of sto **RTICLE V INITIAL & Name and Title: E Address 90	OFFICERS AND/OR DIRECTORS inder Tortop (CEO) 11 Ponce De Leon Blvd., Suite 508			
ne number of shares of sto **RTICLE V INITIAL C.** Name and Title:	OFFICERS AND/OR DIRECTORS inder Tortop (CEO) 11 Ponce De Leon Blvd., Suite 508	Address:		
ne number of shares of sto RTICLE V INITIAL: Name and Title: Address C Name and Title:	OFFICERS AND/OR DIRECTORS inder Tortop (CEO) DI Ponce De Leon Blvd., Suite 508 oral Gables, FL 33134	Address: Name and Title:		
ne number of shares of sto **RTICLE V INITIAL C.** Name and Title:	OFFICERS AND/OR DIRECTORS Inder Tortop (CEO) DI Ponce De Leon Blvd., Suite 508 Ioral Oables, FL 33134	Address: Name and Title:		
ne number of shares of sto RTICLE V INITIAL: Name and Title: Address C Name and Title:	OFFICERS AND/OR DIRECTORS inder Tortop (CEO) DI Ponce De Leon Blvd., Suite 508 oral Gables, FL 33134	Address: Name and Title:		
ne number of shares of sto RTICLE V INITIAL: Name and Title: Address C Name and Title:	OFFICERS AND/OR DIRECTORS inder Tortop (CEO) DI Ponce De Leon Blvd., Suite 508 oral Gables, FL 33134	Address: Name and Title:		
Name and Title: Name and Title: Address Name and Title: Address	OFFICERS AND/OR DIRECTORS inder Tortop (CEO) DI Ponce De Leon Blvd., Suite 508 oral Gables, FL 33134	Name and Title:	An Ao	

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Ender Tortop	no registrica agent is.
Address:	901 Ponce De Leon Blvd., Suite 508	
	Coral Gables, FL 33134	
	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Ana Maisonave	
Address:	16 Court St, 14th Fi	•
	Brooklyn, N.Y. 11241	•
ARTICLE VIII	EFFECTIVE DATE:	·
Effective date.	fother than the date of filing: date is listed, the date must be specific and cannot	
Note: If the date the document's	e inserted in this block does not meet the applicable seffective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
Having been no this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	E'71/5	03/16/2016
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	ue. I am aware that the fulse information submitted in a as provided for in s.817.185, F.S.
Z)	n	03/23/2016
Requ	ired Signature/Incorporator	Date