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FAX No

P 001

**P16000048168**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LOGIST GROUP CORP**

Certificate of Status	0
Certified Copy	1
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**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: LOGIST GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

396 NE 89 STREETEL PORTAL, FL 33138**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EUSEBIO LUIS VALDES (P/S/D)

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

Address: 396 NE 89 STREET

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

EL PORTAL, FL 33138

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

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

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

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

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

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

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

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EUSEBIO LUIS VALDES  
 Address: 396 NE 89 STREET  
 EL PORTAL, FL 33138

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EUSEBIO LUIS VLADES  
 Address: 396 NE 89 STREET  
 EL PORTAL, FL 33138

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06/01/2016  
 \_\_\_\_\_  
 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

06/01/2016  
 \_\_\_\_\_  
 Date

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: EUSEBIO LUIS VALDES  
 Address: 396 NE 89 STREET  
EL PORTAL, FL 33138

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EUSEBIO LUIS VLADES  
 Address: 396 NE 89 STREET  
EL PORTAL, FL 33138

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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 \_\_\_\_\_  
 Required Signature/Registered Agent

06/01/2016  
 \_\_\_\_\_  
 Date

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 \_\_\_\_\_  
 Required Signature/Incorporator

06/01/2016  
 \_\_\_\_\_  
 Date