

H170000283418

Florida Department of State
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.

(((H17000086741 3)))



H170000867413ABC1

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

****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
LUNAR LOGISTICS, INC.**

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

17 MAR 29 PM 4:34

FLORIDA
DIVISION OF
CORPORATIONS
INFORMATION SERVICES

17 MAR 29 AM 8:29

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: LUNAR LOGISTICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

739 Washington Avenue, Suite 900097

Homestead, Florida 33090

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Mejias / President / Director

Name and Title: Carlos Morales / Vice Pres / Secretary

Address 739 Washington Avenue
Suite 900097
Homestead, Florida 33090

Address: 739 Washington Avenue
Suite 900097
Homestead, Florida 33090

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Carlos Armando Morales
Address: 14201 Cyber Place
Tampa, Florida 33613

17 MAR 29 AM 8:30

REC-0117 MAR 29 2017

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Armando Morales
Address: 739 Washington Avenue, Suite 900097
Homestead, Florida 33090

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 days prior or 90 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.

Carlos Morales
Required Signature/Registered Agent

03/29/17
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.

Carlos Morales
Required Signature/Incorporator

03/29/17
Date