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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

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**	CERTIFIED COPY		i
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хх	FILING	Articles	
į	KJ Logistics USA,	Inc.	
	CORPORATE NAME AND DOCUM		-
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COVER LETTER

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

SUBJECT:	KJ LOGISTICS USA, INC.				
SUBJEC1	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	ticles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe	© \$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
	ADDITION		NAL COPY REQUIRED		
FROM:	ALLEN CORPORATION SUPPLY CO., INC. Atten: Espic Blanco Name (Printed or typed) 10440 PIONEER BLVD., SUITE 8				
		Address			
	SANTA FE SPRINGS CA 90670				
	City, State & Zip				
	562/906-1635				
	Daytime Telephone number				
	CHRISNZEUS@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)

<u>RTICLE I NAM.</u>	E_{\perp} KJ LOGISTICS:	USA, INC.
ie name of the corpor	ration shall be:	
RTICLE II PRINCIPAL OFFICE Principal street address 1410 NW 33rd St. Ste 102		Mailing address, if different is:
Miami, FL 33172		
RTICLE III PURI he purpose for which	to engate the corporation is organized is:	age in freight forwarding and cargo service business set-up
	<u>,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	AL OFFICERS AND/OR DIRECTORS le: Yuna Ann Kim, President/CEO	
Name and 11	11410 NW 33rd St. Ste 102	Name and Title:
Address	Miami, FL 33172	Address:
Name and Titl		Name and Title:
. with and I to	··· <u></u>	
Address		Address:
		ار این
		— 8. F. S. T. A. J. A. J
Name and Titl	e;	Name and Title:
Address		Address:

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT			
	<u>Porida street address</u> (P.O. Box NOT accepts Yuna Ann Kim	able) of the registered agent is:	. 5'cs	
Name:	11410 NW 33rd St. Ste 102		7 001	
	Miami, Florida 33172		1	
ARTICLE VII	INCORPORATOR		S AH S	
The name and a	ddress of the Incorporator is:		8: 43	
Name:	Yuna Ann KIm		ω OM	
Address:	8899 NW 107 Ct. Unit 220			
	Doral, Florida 33178			
Effective date, if (If an effective of filing.)	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and e inserted in this block does not meet the appl			
	effective date on the Department of State's rec		date with not be righted as	
this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointmen	t as registered agent and agree to act in t		
	Guna Kim		10/02/2017	
 	Required Signature/Registered Age	nt	Date	
	cument and affirm that the facts stated here Department of State constitutes a third degre			
	Ujuna Lim		10/02/2017	
Required Signature/Incorporator			Date	

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