P180000059209

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.

(((H18000197835 3)))

H180001978353ABCB

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    : LAZARUS CORPORATE FILING SERVICE, INC.
        Account Number  : I20000000019
        Phone           : (305)552-5973
        Fax Number      : (305)675-5944

**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
SUN MIAMI LOGISTICS, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

T COLLINS
JUL 09 2018

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

SUN MIAMI LOGISTICS, INC

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

8466 NW 72 STREET MIAMI FL. 33166

ARTICLE III   SHARES: The number of shares of stock is: 100

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

LUIS ENRIQUE PINA (P)

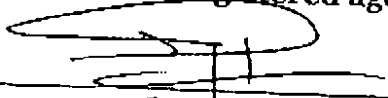**ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LUIS ENRIQUE PINA
8466 NW 72 ST
MIAMI FL 33166

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

LUIS ENRIQUE PINA
8466 NW 72 ST
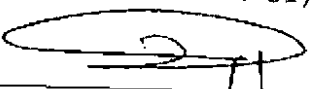MIAMI FL 33166

FILED 18 JUL -6 AM 10: 12

H18000197835

Required Signatures:

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

_____ 7/5/18
Registered Agent   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.

_____ 7/5/18
Incorporator   Date

18 JUL -6 AM 10:12
FILED

H18000197835