9/7/20

P18000075740

Division of Corporations

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.

(((H18000261612 3)))

H18000261612 3ABC.

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

(H)

2018 SEP -7 P 12:05

FLORIDA PROFIT/NON PROFIT CORPORATION
LC LOGISTIC SERVICES, INC

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

FILED
2018 SEP -7 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

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: LC LOGISTIC SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2560 SW 27TH AVNUE SUITE 503

COCONUT GROOVE, FL 33133

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES PAR VALUE @ $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN F. OJEDA KOVACS. PD

Address: 2560 SW 27TH AVENUE

COCONUT GROOVE, FL 33133

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2018 SEP -7 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FL

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: JUAN F. OJEDA KOVACS

Address: 2560 SW 27TH AVENUE

COCONUT GROOVE, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN F. OJEDA KOVACS

Address: 2560 SW 27TH AVENUE

COCONUT GROOVE, FL 33133

FILED
2018 SEP -7 AM 11:5
SECRETARY OF STATE
TALLAHASSEE, FL

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.

_____ 09/06/2018

Required Signature/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.

_____ 09/06/2018

Required Signature/Incorporator Date