

P1800088297

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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OCT 25 2018



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2018 OCT 23 AM 12:44
FILING OFFICE

COVER LETTER

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

SUBJECT: Logistic Transporters, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Duhaney Movers, Inc

Name (Printed or typed)

5323 Lake Worth Road,

Address

Lake Worth, FL 33463

City, State & Zip

561-577-5931

Daytime Telephone number

peter_ewart@ymail.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)

ARTICLE I NAME

The name of the corporation shall be: Logistic Transporters, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6234 Adriatic Way, Greenacres FL 33413

6234 Adriatic Way, Greenacres FL 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Ewart (P)

Name and Title:

Address

6234 Adriatic Way

Address:

Greenacres FL, 33413

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2014 OCT 23 AM 11:44
FILED
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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: Peter Ewart _____

Address: 6234 Adriatic Way _____

Greenacres FL, 33413 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Peter Ewart _____

Address: 6234 Adriatic Way _____

Greenacres FL, 33413 _____

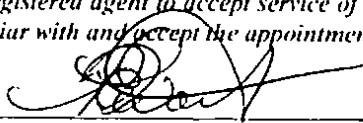
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/17/2018 _____ (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

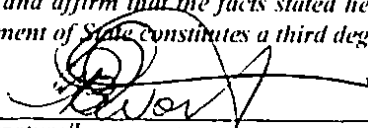


Required Signature/Registered Agent

10/17/2018

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

10/17/2018

Date