(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2019

AJ TOSI & ASSOCIATES PO BOX 823233 PEMBROKE PINES, FL 33082

SUBJECT: KPO LOGISTICS, INC. Ref. Number: W19000022298

We have received your document for KPO LOGISTICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 919A00004722

Keyna E Page Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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

SUBJECT: KPO	Logistics, Inc.					
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u> I	UDE SUFFIX)			
Enclosed are an o	original and one (1) copy of the artic	cles of incorporation and	l a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM: <u>'</u>	AJ Tosi & Associates. Inc	(Printed or typed)				
F	PO Box 823233	(Timed of typed)				
_	Address					
ŀ	Pembroke Pines. FL 33082					
_	City, State & Zip					
2	207-266-7022					
_	Daytime Telephone number					
k	:wgoldcnventures@yahoo.com					
	E-mail address: (to be used	for future annual report i	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)

	IPAL OFFICE Principal <u>street</u> address	Mailin	g address, if different is:
S. Flamingo Road S	Ste. 105		
ibroke Pines, FL 33	027		
FICLE III PURPO. purpose for which th	SE ne corporation is organized is:		
and All Legal Busin			
	<u></u>		
TICLE IV SHARE			
number of charge of c	tock is:		
number of shares of s	stock is:		
TICLE V INITIAL	L OFFICERS AND/OR DIRECTORS		
TICLE V INITIAL	stock is:	Name and Title:	
Name and Title:	L OFFICERS AND/OR DIRECTORS Kostiantyn Pliushko	Name and Title:	
Name and Title:	L OFFICERS AND/OR DIRECTORS Kostiantyn Pliushko	Name and Title:	
Name and Title:	L OFFICERS AND/OR DIRECTORS Kostiantyn Pliushko 1853 Rodman Street	Name and Title:	
Name and Title:	L OFFICERS AND/OR DIRECTORS Kostiantyn Pliushko 1853 Rodman Street	Name and Title:	
Name and Title: Address	L OFFICERS AND/OR DIRECTORS Kostiantyn Pliushko 1853 Rodman Street	Name and Title: Address:	- JA
Name and Title: Address	L OFFICERS AND/OR DIRECTORS Kostiantyn Pliushko 1853 Rodman Street Hollywood, FL 33020	Name and Title: Address: Name and Title:	19 HAR 11
Name and Title: Address Name and Title:	LOFFICERS AND/OR DIRECTORS Kostiantyn Pliushko 1853 Rodman Street Hollywood, FL 33020	Name and Title: Address: Name and Title: Address:	19 HAR
Name and Title: Address Name and Title:	LOFFICERS AND/OR DIRECTORS Kostiantyn Pliushko 1853 Rodman Street Hollywood, FL 33020	Name and Title:	19 HAR
Name and Title: Address Name and Title: Address	LOFFICERS AND/OR DIRECTORS Kostiantyn Pliushko 1853 Rodman Street Hollywood, FL 33020	Name and Title:	19 HAR 11 AM 1: 3

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	nle) of the registered agent is:	
Name:	Expert Tax Pros, Inc.	or the registered agent is.	
Address:	320 S. Flamingo Road Ste.105		
	Pembroke Pines, FL 33027		10 HAR
			HAR II AM II: 38
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		
Name:	Kostiantyn Pliushko		AMILESB TELEBB
Address:	320 S. Flamingo Road Stc.105		
	Pembroke Pines, FL 33027		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and o	. (OPTION) annot be more than five day	AL) s prior or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the applie effective date on the Department of State's reco	cable statutory filing requirements.	ents, this date will not be listed a
Having been na this certificate, I	med as registered agent to accept service of pr am familiar with and accept the appointment	ocess for the above stated cor as registered agent and agree t	poration at the place designated to act in this capacity
	Marie Contraction of the Contrac		1/3//19
	Required Signature/Registered Agen		Date
I submit this do	cument and affirm that the facts stated herein	are true. I am aware that th	e false information submitted in
aocument to the	Department of State constitutes a third degree	fetony as provided for in s.817	7.155, F.S.
(/	MU		2-15-2019 Date
Requ	ired Silvasture/Incorporator		Date