

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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**

**Pompano Logistics, Inc**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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MAY 03 2019

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**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: Pompano Logistics, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

333 Las Olas Way , CU1,

4735 Shirley Lane.

Fort Lauderdale, FL, 33301

Murrysville, PA, 15668

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title Courtney Manges- President

Name and Title Nicholas Conto- secretary

Address 333 Las Olas Way , CU1,  
Fort Lauderdale, FL, US, 33301

Address: 333 Las Olas Way , CU1,  
Fort Lauderdale, FL, US, 33301

Name and Title: Christine Conto- CFO/treasurer

Name and Title: \_\_\_\_\_

Address 333 Las Olas Way , CU1,  
Fort Lauderdale, FL, US, 33301

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: LEGALINC CORPORATE SERVICES INC.  
Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400  
FORT MYERS, FL. US. 33907

**ARTICLE VII INCORPORATOR**

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

Name: NANCY LUNA  
Address: 10601 CLARENCE DR STE 250  
FRISCO TX 75033

**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*

Nancy Luna 05/02/2019  
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.*

Nancy Luna 05/02/2019  
Required Signature/Incorporator Date

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