

P190000039087

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
19 MAY 10 PM 4:35

**\*\*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  
ONET LOGISTICS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

C RICO  
MAY 10 2019

**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: ONET LOGISTICS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10229 DWELL CT 10310229 DWELL CT 103ORLANDO FLORIDA 32832ORLANDO FLORIDA 32832**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Non - emergency Transportation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIGUEL ANGEL SUAREZ- Director

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

Address

10229 DWELL CT 103

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

ORLANDO FLORIDA 32832Name and Title: ALEXANDER MORAN - Director

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

Address

10229 DWELL CT 103

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

ORLANDO FLORIDA 32832

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

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

Address

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

\_\_\_\_\_

\_\_\_\_\_

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19 MAY 10 PM 1:45

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: ALEXANDER MORAN  
 Address: 10229 DWELL CT 103  
ORLANDO FLORIDA 32832

**ARTICLE VII INCORPORATOR**

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

Name: ALEXANDER MORAN  
 Address: 10229 DWELL CT 103  
ORLANDO FLORIDA 32832

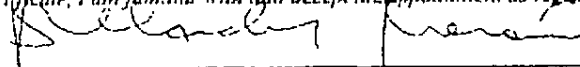
**ARTICLE VIII EFFECTIVE DATE:**

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.

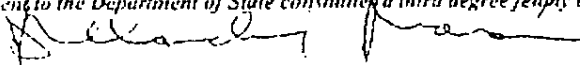
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 Required Signature/Registered Agent

05/10/2019

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

05/10/2019

Date

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