

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.

(((H19000247404 3)))



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To :	Division of Corporations		
	Fax Number : (850)61	7-6381	
Prom:			
		C CORPORATE SERVICES INC.	
	Account Number : 1201800		
	Phone : (844)38		
	Fax Number : (214)31	/-4/24	
8mail A	report mailings. Enter onl ddress: .ORIDA PROFIT/NON PI Fidelis Logi	ROFIT CORPORATION	2019 AUS(20 PM 12:
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	Estimated Charge	\$70.00	

Electronic Filing Menu

Corporate Filing Menu

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	In compliance with Chapter 607 a			, ,
<u>ARTICLE I NAME</u> The name of the corpor	E Fidelis Logistics Inc.			
ARTICLE II PRIN				
	Principal street address		Mailing	address, if different is:
13330 N Miami Aven	ue	133	330 N Miami /	Avenue
Miami, FL, US, 33168	}	Mi	ami, FL, US, 3	33168
				·····
The purpose for which	the corporation is organized is:	ful Purpose		
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The number of shares of ARTICLE V <u>INITL</u>	f stock is:		Title:	2018 AUS 20 17/11/2017 20
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ro:	18506176381	From:	12143052508	Date:	08/19/19	Time:	3:16	PM	Page:	03/03

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Name and Title	Name and Title
Address	Address:

ARTICLE VI REGISTERED AGENT

2

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	Giovanny Josepha		
Address:	13330 N Miami Avenue		
	Miami, FL, US, 33168		

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	Giovanny Josepha	
Address:	13330 N Miami Avenue	
	Miami, FL, US, 33168	

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.)

<u>Note:</u> 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

8/19/19 Date

Required Signature/Registered Agent?

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.