

PZDGA0001595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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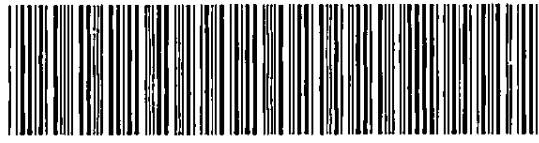
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN -9 AM 9:42
CLERK OF STATE
TALLAHASSEE, FL

J. FASON

JAN 09 2020

COVER LETTER

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

SUBJECT: **BNR LOGISTIC & SERVICES CORP**
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: OLGA HERNANDEZ

Name (Printed or typed)

9010 SW 137 AVE SUITE 205

Address

MIAMI, FL 33186

City, State & Zip

786-422-4209

Daytime Telephone number

OLGA@ITAXPROFESSIONAL.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: **BNR LOGISTIC & SERVICES CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16732 SW 95 STREET

16732 SW 95 STREET

MIAMI, FL 33196

MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEREZ, RAFAEL, President

Name and Title: _____

Address 16732 SW 95 STREET

Address: _____

MIAMI, FL 33195

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
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: PEREZ, RAFAEL _____

Address: 16732 SW 95 STREET _____

MIAMI, FL 33196 _____

ARTICLE VII INCORPORATOR

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

Name: PEREZ, RAFAEL _____

Address: 16732 SW 95 STREET _____

MIAMI, FL 33196 _____

ARTICLE VIII EFFECTIVE DATE: 01/09/2020

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

Rafael Perez

Required Signature/Registered Agent

01/09/2020

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.

Rafael Perez

Required Signature/Incorporator

01/09/2020

Date