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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA CAPITAL COURIER SERVICES, INC
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TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

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Corporation Name & Document Number, (if known):

1. Helvetica Logistics, INC
(Corporation Name) Document #

2. _____
(Corporation Name) Document #

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NEW FILINGS

____Profit
____Not for Profit
___ Limited Liability
____Domesitication
__X__Other

AMMENDMENTS

____ Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____Merger

OTHER FILINGS

____Annual Report

____Fictitious Name

REGISTERATION/QUALIFICATIONS

___Foreign
____Limited Partnership
____Reinstatement
____Trademark
____Other

EXAMINER'S INITIALS:_____

COVER LETTER

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

SUBJECT: Helvetica Logistics, Inc.
(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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan N. David, Esq.
Name (Printed or typed)

6632 S.W. 64th Avenue
Address

South Miami, FL 33143
City, State & Zip

305-665-9895
Daytime Telephone number

jdavid@southmiamilegal.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: Helvetica Logistics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6632 S.W. 64th Ave.
S. Miami, FL 33143

Mailing address, if different is

P.O. Box 431168
S. Miami FL 33243-1168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business.

ARTICLE IV SHARES

The number of shares of stock is: 120

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan David President, Secretary

Address: 6632 S.W. 64th Ave
S. Miami, FL 33143

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, 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: Jonathan N. David, Esq.

Address: 6632 S.W. 64th Ave.
S. Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the incorporator is

Name: Jonathan David

Address: 6632 S.W. 64th Ave
S. Miami, FL 33143

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/23/2020 (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.

_____ 1/24/2020
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.

_____ 1/24/2020
Required Signature of Incorporator Date