Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GEORGE DIAZ, P.A.

Account Number : I2020000005

Phone : (305)279-3231

Fax Number : (305)375-8050

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

6ix City Logistics Corp.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

5/14/2020 2:25:3/ PM PS1 (GM1-8) FROM: -10: 183081/8381

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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 corporat	ion shall be: <u>6ix City Logist</u>	ics Corp.		
ARTICLE II - P <u>RINCII</u>	PAL OFFICE			
Principal street add	lress:	Mailing address, if different is:		
2701 Biscayne Bly Miami, Florida 33				
ARTICLE III - PURPO	<u>SE</u>			
The purpose for which th	ne corporation is organized is: A	ny and all lawful busine	ss, including but not	
limited to handling Ama	zon deliveries.		· · · · · · · · · · · · · · · · · · ·	
<u>ARTICLE V - INITIAL</u>	stock is: 1,000 OFFICERS AND/OR DIRECT Marc Kajouji, President, Treat	<u>rors</u>		
Address:	2701 Biscayne Blvd., #3109			
	Miami, Florida 33137	<u> </u>		
Name and Title:_		Name and Title:		
Address:	·	_ Address:	2020 HAY	
			17. S	
Name and Title:_		Name and Title:		
Address:		_ Address:		
			[4]	

5/14/2023 2:28:37 PM PST (GMT-8) FROM: -TO: 185061/6381

Required Signature (incorporator - Marc Kajouji

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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 NO	T acceptable) of the registered agent is:	
Name:	George Diaz, Esq.	_	
Address:	100 SE 2nd Street, Suite 3400	<u> </u>	
	Miami, Florida 33131		
<u>ARTICLE VII</u>	- INCORPORATOR	2020 HAY 1 SEURE FA TALLA	
The name and address of the Incorporator is:		AHA	
Name:	Marc Kajouji	- PA	
Address:	2701 Biscayne Blvd., #3109		
	Miami, Florida 33137		
ARTICLE VII	I - EFFECTIVE DATE:	**************************************	
Effective date, (If an effective or 90 days after		(OPTIONAL) The and cannot be more than five days prior	
Note: If the dat will not be liste	te inserted in this block does not meet the das the document's effective date on the	ne applicable statutory filing requirements, this date no Department of State's records.	
Having been no place designate agree to act in t	d in this certificate, I am familiar with a	ce of process for the above stated corporation at the and accept the appointment as registered agent and	
Lean	re/Régistered Agent – George Diaz	5 /14/20	
Required Signatu	re/Régistered Agént - George Diaz	Date	
information su	boument and affirm that the facts state bmitted in a document to the Departme s.817.155, F.S.	d herein are true. I am aware that the false ent of State constitutes a third degree felony as	

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