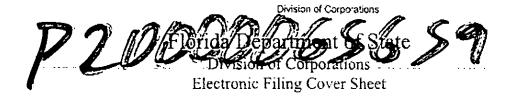
8/26/2020



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.

(((H20000296416 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone. : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rani 1	Address:			
rmaii.	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION **AOC LOGISTICS SOLUTIONS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE I NAME name of the corporation	on shall be: AOC LOGISTICS SOLUT	TONS INC	
TCLE II PRINCI			duiling address, it different is:
1 NW 78 ST			
IAMI, FL 33147			
FICLE III PURPO. purpose for which the	<u>SE</u> e corporation is organized is: <u>ANY AND</u>		NESS
		•	
	OSNIEL ALVAREZ CABRALES (P)		
Address	3031 NW 78 ST MIAMI FL 33147		
	WILTON 7 E 00 147		
Name and Title:		Name and Title:	······································
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
		_ 	
			

		Address:	
Address		Addiess.	
·		· ·	
	•		
ARTICLE VI	REGISTERED AGENT		
The name and Flo	prida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	OSNIEL ALVAREZ CABRALES		
	3031 NW 78 ST	•	
Address:	3637 1441 16 37		
	MIAMI, FL 33147	 -	
ARTICLE VII 1	NCORPORATOR		
The name and ad	dress of the Incorporator is:		
THE Marie and ad-			
Name:	OSNIEL ALVAREZ CABRALES		
Address:	3031 NW 78 ST		
	AUAN C. 22447		
	MIAMI, FL 33147		
ARTICLE VIII	EFFECTIVE DATE:	ion more	·· ·
	other than the date of filing: nte is listed, the date must be specific and ca	OPTION	
			,
filing.)			
filing.)	وبالأسام وبالمراب والمراب	ablications and Gillians at the co	والمراكبة والمراجبة الأرب والمارة والمراجبة
filing.) Note: If the date	inserted in this block does not meet the applications due on the Department of State's reco		nents, this date will not be listed a
filing.) Note: If the date	inserted in this block does not meet the applicative date on the Department of State's reco		nents, this date will not be listed a
filing.) Note: If the date the document's ef Having been name	fective date on the Department of State's reco	eds. ess for the above stated corp.	ration at the place designated in t
filing.) Note: If the date the document's ef Having been name		eds. ess for the above stated corp.	ration at the place designated in t
filing.) Note: If the date the document's ef Having been name	fective date on the Department of State's reco	eds. ess for the above stated corp.	ration at the place designated in t
filing.) Note: If the date the document's ef Having been name	fective date on the Department of State's reco	eds. ess for the above stated corp.	ration at the place designated in toot in this capacity
filing.) Note: If the date the document's ef Having been name certificate, I am fa	fective date on the Department of State's reco ed as registered agent to accept service of procumiliar with and accept the appointment as reg Required Signature/Registered Agent	ess for the above stated corposistered agent and agree to a	oration at the place designated in test in this capacity Date
filing.) Note: If the date the document's ef Having been name certificate, I am fall I submit this doci	fective date on the Department of State's reco cal as registered agent to accept service of proce imiliar with and accept the appointment as reg Required Signature/Registered Agent ament and affirm that the facts stated herein	ess for the above stated corposistered agent and agree to a	oration at the place designated in toot in this capacity Date he false information submitted in
filing.) Note: If the date the document's ef Having been name certificate, I am fall I submit this doci	fective date on the Department of State's reco ed as registered agent to accept service of procumiliar with and accept the appointment as reg Required Signature/Registered Agent	ess for the above stated corposistered agent and agree to a	oration at the place designated in toot in this capacity Date he false information submitted in