

P20000072847

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000321387 3))



H200003213873ABC-

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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

J.C. Logistix, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

850-617-6381

9/16/2020 12:35:11 PM PAGE 1/001 Fax Server



September 16, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: TIH, INC.
REF: W20000105979

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

James Harris
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000321387
Letter Number: 920A00017622

2020 SEP 17 AM 10:28
STATE
FILING
SECTION

ARTICLES OF INCORPORATION

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

ARTICLE I NAME J.C. Logistix, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

40 Calais Road

Mendham, NJ 07945

Mailing address, if different is:

40 Calais Road

Mendham, NJ 07945

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ to engage in any lawful act or activity for

which corporations may be organized.

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Ng / Director

Name and Title: _____

Address 40 Calais Road

Address: _____

Mendham, NJ 07945

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 SEP 17 AM 10:28
STATE
OFFICE, FL

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 Address: 155 Office Plaza Drive, 1st Fl.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veronica Gonzalez
 Address: C/O Blumberg 16 Court Street
Brooklyn NY 11241

2020 SEP 17 AM 10:28
 STATE OF FLORIDA
 DEPT. OF STATE

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 business days prior or 90 business 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

Jose Mojica Asst Sec
 Required Signature/Registered Agent

9/15/2020
 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.

Veronica Gonzalez
 Required Signature/Incorporator

9/15/2020
 Date