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(Re	equestor's Name)	
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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Sand Camel Logistics CO

Requester: Corp Services Int.



Department of State

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Stealth Courier LLC

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Company: Sand Carnel Logistics CO

Requester: Corp Services Int.

COVER LETTER

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

SUBJECT: Si	AND CAMEL LOGISTICS CO	1	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:
☎ \$70.00 Filing Fe		☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	CORP SVCS INTL Name 7050 W PALMETTO PARK	(Printed or typed) ROAD.#15-300.	
•		Address	
_	BOCA RATON FL 33433		
	City,	State & Zip	
-	561 403 9084		
	Daytime T	elephone number	
_	OPERATIONS@CORPSVCSIN	TL.COM	
	E-mail address: (to be used	d 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 II PRINCIPAL OFFICE Principal street address 2499 GLADES ROAD. SUITE 107. BOCA RATON FL 33431 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	#1	Mailing addres 50 W PALME 5-300.	TTO		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	В				D
The purpose for which the corporation is organized is:		BOCA RATON FL 33433			
INTL LOGISTICS & PROCUREMENT OF COOLS EQUIPMENT, GOODS		•			
ARTICLE IV SHARES The number of shares of stock is: 100,000				AUN azaz	** *****
ARTICLE V INITIAL OFFICERS AND OR DIRECTORS FRANCO, WALTER J / Name and Title: PRESIDENT 7050 W PALMETTO PARK	Name and	Title:		30 PH	1 4 1
Address RD #15 300 BOCA RATON FL 33433				÷	
Name and Title:	Name and	Title:			
Address				-	
Name and Title:	Name and	Title:			
Address	Address:				

	Title:	Name and Title:		
Address		Address:		·
	EGISTERED AGENT	CV. Car		
Name:	rida street address (P.O. Box NOT acceptab CARLA MARCELO	ie) of the registered agent is:		
Address:	7050 W PALMETTO PARK RI	D. #15-300.		
	BOCA RATON FL 33433			
ARTICLE VII II	NCORPORATOR			
	iress of the Incorporator is:			
Name:	MARIA CAMPANA	- 		
Address: 7050 W PALMETTO P		ROAD. #15-300.		
	BOCA RATON FL 33433	<u>.</u>		
ABTICLE VIII	CEEECTIVE DATE.			
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:	. (OPTIONAL)		
	te is listed, the date must be specific and c			e
filing.)				
Note: If the date in	nserted in this block does not meet the applic		this date will not be li	sted as
Note: If the date in	nserted in this block does not meet the appli- fective date on the Department of State's rec		s, this date will not be li	sted as
the document's eff Having been name		ords. ess for the above stated corporation	n at the place designate	
Note: If the date is the document's eff	ective date on the Department of State's record as registered agent to accept service of procomiliar with and accept the appointment as required.	ords. Sess for the above stated corporation sistered agent and agree to act in the	n at the place designate	d in this
Note: If the date is the document's eff	ective date on the Department of State's record as registered agent to accept service of proc	ords. Sess for the above stated corporation sistered agent and agree to act in the	n at the place designate his capacity	d in this
Note: If the date is the document's eff Having been name certificate, I am fair I submit this documents	ective date on the Department of State's record as registered agent to accept service of procomiliar with and accept the appointment as required.	ords. ess for the above stated corporation eistered agent and agree to act in the are true. I am aware that the fa	n at the place designates this capacity NOVEMBER 26 Date this capacity	d in this , 2020
Note: If the date in the document's eff. Having been name certificate, I am far. I submit this documents.	d as registered agent to accept service of procuiliar with and accept the appointment as rep Required Signature/Registered Agent ment and affirm that the facts stated herein	ords. ess for the above stated corporation eistered agent and agree to act in the are true. I am aware that the fa	n at the place designates this capacity NOVEMBER 26 Date this capacity	d in this <u>, 2</u> 020 ted in a