

P20000092675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

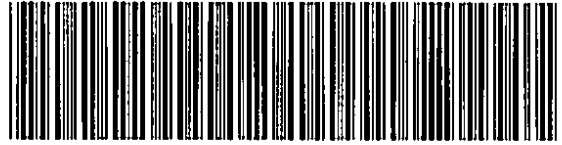
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMN LOGISTICS, INC.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: ELI TAX SERVICE, INC.

Name (printed or typed)
2900 W IRVING PARK RD, UNIT C-2

Address
CHICAGO, IL 60618

City, State & Zip
773-202-1144

Daytime Telephone Number

INFO@ELI.TAX

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, ALEKSANDAR MILOS PRESIDENT
(Name) (Title)

of AMN LOGISTICS, INC., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is AMN LOGISTICS, INC.
(Foreign Corporation)

2. The jurisdiction and date of its formation is ILLINOIS 02/09/2016

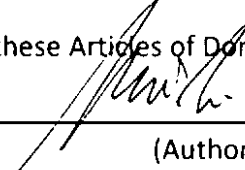
3. The name of the domesticated corporation is AMN LOGISTICS, INC.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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CLERK OF COURT
HALL COUNTY, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

AMN LOGISTICS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
14050 BISCAYNE BLVD, APT#1018

NORTH MIAMI BEACH, FL 33181

Mailing Address
14050 BISCAYNE BLVD, APT#1018

NORTH MIAMI BEACH, FL 33181

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 200

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

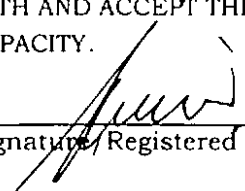
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

ALEKSANDAR MILOS

14050 BISCAYNE BLVD, APT#1018

NORTH MIAMI BEACH, FL 33181

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

11/19/2020

Date

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TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: ALEKSANDAR MILOS-PRESIDENT

Address: 14050 BISCAYNE BLVD, APT#1018

NORTH MIAMI BEACH, FL 33181

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____


Name & Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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I submit this document and affirm that the facts stated herein are true. I am aware that 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.



Signature/Authorized Person

11/19/2020

Date