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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PCK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Name)				
(Document Number)				
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900359487299 SECRETARY OF STATE TALLAHASSEE, FL 2821 FEB -9 AM 9 34

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Department of State

Division of Corporations

Date: 02/09/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box Amendment

Company: Intl Global Supply Corp

Requester: Compass Global Corp

12962877

COVER LETTER

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

SUBJECT: INTL GLOBAL SUPPLY CORP				
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	dacheck for:		
፟፟፟፟፟፟፟፟፟፟ \$70.00 □ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee Filing Fee	Filing Fee	Filing Fcc.		
& Certificate of Status	& Certified Copy			
	``	& Certificate of		
		Status		
	ADDITIONAL CO	=		
FROM: COMPASS GLOBAL CORP		<u> </u>		
Name	(Printed or typed)			
21218 SAINT ANDREWS BLVD. #304.				
4	Address			
BOCA RATON FL 33433				
City,	State & Zip			
561 388 0375				
Daytime T	elephone number			
OPERATIONS@COMPASSGLO	BALCORP.COM			
F-mail address: (to be used		notification)		

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit 2021 FEB -9 AM 99 34

ARTICLE I NAME			100111 C 01111 DE 04
The name of the corporat	ion shall be: INTL GLOBAL SUPPL	Y CORP	SECRETARY OF STATE
ARTICLE II PRINC			TALLAHASSEE, FL
	Principal street address		Mailing address, if different is:
	ITO PARK ROAD.		S SAINT ANDREWS BLVD.
BOCA RATON F			RATON FL 33433
ADTICLE III DEDDO	ocr.		
ARTICLE III PURPO The purpose for which the	he corporation is organized is:		
INTL LOGIST	rics consulting & PROCURI		
	SUPPLIES FOR THE HOSPIT	ALITY IND	USTRY
ARTICLE IV SHARI	<u> </u>		
The number of shares of	stock is: 100,000		
ARTICLE V INITIA	<u>LOFFICERS AND/OR DIRECTORS</u> MARTINEZ, JUAN C		
Name and Title	PRESIDENT	Name and Title:	
	21218 SAINT ANDREWS BLVD		
Address	ZIZIO SAINI ANDREWS BLVD	*Address:	
	#304.		
	BOCA RATON FL 33433		
	DOCA RATOR III 33433		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
rame and rate.		rane and rece	
Address		Address:	

Name and I	Fitle:	Name and Title:	1 - 1 - 1
Address		Address:	
	<u>GISTERED AGENT</u> ida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	ED MORA		
Address:	21218 SAINT ANDREWS BLVD.	#304.	
, , , , , , , , , , , , , , , , , , , ,	BOCA RATON FL 33433	_	2021 F SECR TAL
<u>ARTICLE VII IN</u>	SCORPORATOR		1 FEB -9 AM 99 34 CRETARY OF STATE ALLAHASSEE, FL
The name and add	ress of the Incorporator is:		Y CH
Name:	MARC RAFFE	_	EST 9
Address:	21218 SAINT ANDREWS BLVD	2. #304.	34 FATE
	BOCA RATON FL 33433	_	•
Effective date, if of	FFECTIVE DATE: her than the date of filing: e is listed, the date must be specific and cannot	. (OPTIONAL) ot be more than five days prio	r or 90 days after the
	serted in this block does not meet the applicable ective date on the Department of State's records.		his date will not be listed as
Having been named certificate, I am fan	d as registered agent to accept service of process f niliar with and accept the appointment as register	for the above stated corporation red agent and agree to act in thi	at the place designated in this s capacity
ill			FEBRUARY 8, 2021
	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon		
	0		FEBRUARY 8,2021
Required Signature	7Incorporator	Date	