

P21000022538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

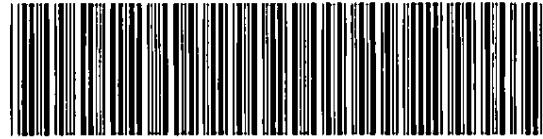
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900361825919

03/12/21--01010--009 **78.75

2021 MAR 12 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL
21 MAR 12 PM 14:54

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Logistics Operation Global Advanced

Network Inc

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: Logistics Operation Global Advanced Network INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Alberto Ruiz
Name (Printed or typed)

3231 sw 105th Avenue
Address

Miami fl 33165
City, State & Zip

305-439-6707
Daytime Telephone number

alberto.ruiz2883@gmail.com
E-mail address: (to be used 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 I NAME

The name of the corporation shall be Logistics Operation Global Advanced Network, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3231 sw 105th Avenue Miami fl 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LOGISTICS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERTO RUIZ PRESIDENT

Name and Title: _____

Address: 3231 sw 105th Avenue Miami fl 33165

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2021 MAR 12 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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 ALBERTO RUIZ
 Address 3231 sw 105th Avenue Miami fl 33165

ARTICLE VII INCORPORATOR

The name and address of the incorporator is

Name ALBERTO RUIZ
 Address 3231 sw 105th Avenue Miami fl 33165

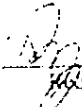
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, 03/15/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

✓  _____ 03/10/2021
 Required Signature/Registered Agent 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.

✓  _____ 03/10/2021
 Required Signature/Incorporator Date

2021 MAR 12 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED