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(Re	questor's Name)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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CORPORATE

When you need ACCESS to the world

ACC	LO
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236 East 6th Avenue. Tallahassec, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK IN
		PICE	K UP: 03/16/2021
		CERTIFIED COPY	
	хх	РНОТОСОРУ	
	xx	CUS	
	xx	FILING	ARTICLES
1.			DGISTIC & SUPPLY CORP
		(CORPORATE NAME AND DOCUM	MENT #)
2.		(CORPORATE NAME AND DOCUM	MENT #)
3.			
		(CORPORATE NAME AND DOCUM	MENT #)
4.		(CORPORATE NAME AND DOCUM	MENT #)
5.			
		(CORPORATE NAME AND DOCUM	MENT #)
6.	-	(CORPORATE NAME AND DOCUM	MENT #)
	CIAI TRU	L CTIONS:	

COVER LETTER

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

SUBJECT: ATLAS RENTALS LOGISTIC & SUPPLY CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	I a check for:
□ \$70.00	☑ \$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

_{41:} JESUS A RUMBOS			
	Name (Printed or typed)		
1825 PONCE DE LEC	1825 PONCE DE LEON BLVD STE 569		
	Address		
MIAMI FL 33134			
	City, State & Zip		
954-338-9043			
	Daytime Telephone number		
yasi.ybbd@aol.com			
E-mail addres	s: (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)

<u>TIČLE II — PRI:</u>	NCIPAL OFFICE		
25 PONCE DE LEON BL		Mailii ——————————————————————————————————	ng address, it different is;
DRAL GABLES FL 33	134		
			
e purpose for which	POSE h the corporation is organized is: ANY AN	D ALL LAWFUL BUS	SINESS
			Š
·			SECRIT

RTICLE IV SHA e number of shares of	RES		開め
e number of shares	JI SIOCK 15.		OF STATE
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		W
Name and Ti	ile: JESUS A RUMBOS, PRESIDEN	Name and Title:	
Address	1825 PONCE DE LEON BLVD	Address:	
	APT 569	_	
	CORAL GABLES FL 33134		
Name and Tit		Name and Title:	<u> </u>
Address		Address:	
Name and Titl	le:	Name and Title:	
Address			

Name a	nd Title:	Name and Title:	
Addres	SS	Address:	
		<u> </u>	
	REGISTERED AGENT Florida Mreet address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	JESUS A RUMBOS		
Address:	1825 PONCE DE LEON BLVD AP	T 569	
	CORAL GABLES FL 33134	- 	202: SEG
		_	2021 HAR SECRETT TALLA
ARTICLE VII	<u>INCORPORATOR</u>		数 16
The <u>name and</u> a	address of the Incorporator is:		
Name:	ADA F BRAVO	_	
Address:	18459 PINES BLVD STE 248	_	I MAR 16 MM 10: 57 CRETARI OF STATI MULAHARSEL, FL
	PEMBROKE PINES FL 33029		m
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cam	(OPTIONAL) not be more than five days prior of	r 90 days after the
Sote: If the dat	e inserted in this block does not meet the applicable effective date on the Department of State's records		date will not be listed as
	med as registered agent to accept service of process familiar with and accept the appointment as regist		
	Jasus A Rumbos Required Signature/Registered Agent	3/	15/2021
. <u> </u>	Sequired Signature/Registered Agent		Date
ocument to the	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		formation submitted in a
	Jesus A Rumbos ure/Vicorporator	3/	15/2021
Required Signat	ure/Bicorporator	Date	