

3/19/2021

Division of Corporations

P21000024621

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MCLARI LOGISTICS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MCLARI LOGISTICS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6806 GRAPEVINE CTTAMPA, FL 33634**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MICHEL QUIROLA SANCHEZ (P)

Name and Title: _____

Address 6806 GRAPEVINE CT

Address: _____

TAMPA, FL 33634Name and Title: BELKIS FIGUEREDO ALEMAN (VP)

Name and Title: _____

Address 6806 GRAPEVINE CT

Address: _____

TAMPA, FL 33634

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHEL QUIROLASANCHEZ
Address: 6806 GRAPE VINE CT
TAMPA, FL 33634

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MICHEL QUIROLA SANCHEZ
Address: 6806 GRAPEVINE CT
TAMPA, FL 33634

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

/s/ Michel Quirola Sanchez _____
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.

/s/ Michel Quirola Sanchez _____
Required Signature/Incorporator Date