

P21000065974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

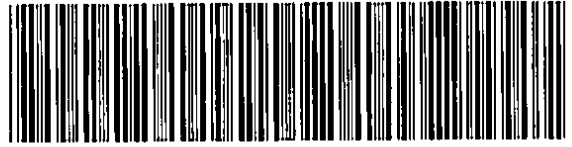
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

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

SUBJECT: Logistics And operations of America, 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: Wilmer Rodriguez
Name (Printed or typed)

1511 COOMBS DR
Address

TALLAHASSEE, FL 32308
City, State & Zip

850-8539627
Daytime Telephone number

Wilmer.ctg@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 and operations of America, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1511 COOMBS DR.
TALLAHASSEE, FL.

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Imports and exports company

ARTICLE IV SHARES

The number of shares of stock is: 1

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TALLAHASSEE, FL

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MR. WILMER RODRIGUEZ Name and Title: _____

Address 1511 COOMBS DR. Address: _____

TALLAHASSEE, FL. 32308

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Wilmer Rodriguez
Address: 1511 COOMBS DR.
TALLAHASSEE, FL. 32308

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TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Wilmer Rodriguez
Address: 1511 COOMBS DR.
TALLAHASSEE, FL. 32308

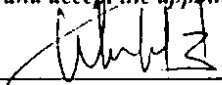
ARTICLE VIII EFFECTIVE DATE:

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.)

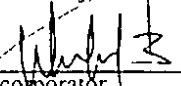
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

07/20/2021
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.


Required Signature/Incorporator

07/20/2021
Date