(Requestor's Name)				
(Address)				
(Addres	s)	<u>,_</u>		
(City/St	ate/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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DATE:

7/23/2021

NAME: INTERSTATE LOGISTICS INC.

TYPE OF FILING: ARTICLES

COST:

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal street address	_	Mailing address, if different is:	
akwood Blvd.			
lywood, FL 33020			
TICLE III PURPOSE purpose for which the corporation is organized	d is: Any Legal Purpose		
		2 <b>2</b>	
	<del></del>	<b>282</b> 1 JUL FÄÜLAH	
		JUL 23	
		P. 7	
TICLE IV SHARES number of shares of stock is: 1000		2: 13	
number of shares of stock is: 1000  TICLE V INITIAL OFFICERS AND/OR D	DIRECTORS	· •··	
number of shares of stock is: 1000  TICLE V INITIAL OFFICERS AND/OR D  Name and Title:	DIRECTORS  Name and Title:	•	
number of shares of stock is: 1000  TICLE V INITIAL OFFICERS AND/OR D  Name and Title:	Name and Title:	· •··	
number of shares of stock is: 1000  TICLE V INITIAL OFFICERS AND/OR D  Name and Title:  Address	DIRECTORS  Name and Title:	•	
number of shares of stock is: 1000  TICLE V INITIAL OFFICERS AND/OR D  Name and Title:  Address	Name and Title:Address:	•	
number of shares of stock is: 1000  TICLE V INITIAL OFFICERS AND/OR D  Name and Title:  Address	Name and Title:Address:	•	
Name and Title:	Name and Title:    Name and Title:    Name and Title:    Name and Title:    Name and Title:	•	
Name and Title:	Name and Title:  Name and Title:  Address:  Name and Title:  Address:		
Name and Title:  Name and Title:  Address  Address	Name and Title:		
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Name a	and Title:	Name and Title:	
Addre	ss	Address:	
10721111	DECICTIONED ACENT		
ARTICLE VI The name and 1	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Florida Filing & Search Services, Inc.	<u></u>	
Address:	155 Office Plaza Drive, Suite A		
	Tallahassee, FL 32301		
ARTICLE VII	<u>INCORPORATOR</u>		2021 JUL 23 Vătă AHASS
The name and	address of the Incorporator is:		HAS 2
Name:	Laura Hayes	<del>-</del>	
Address:	1013 Centre Rd. Suite 403-A		PH IZ
	Wilmington, DE 19805		₽
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca	(OPTIONA nnot be more than five days	d.) prior or 90 days after the
	te inserted in this block does not meet the application of State's reco		ents, this date will not be listed as
	med as registered agent to accept service of proce familiar with and accept the appointment as reg		
	2		7/22/21 Date
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree fo		
Lawade			07/21/2021
Required Signa	dre/Incorporator		Date