Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. MEMBRENO LOGISTICS CORP

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	o Logistics CORP
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
_	11389 SW 5 Terrace
-	Miami Florida 33174
ARTIC	LE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
De	nis Lenin Membreno Ramirez - President
_	
ARTI	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
	ne and Florida street address (PO Box not acceptable) of the registered agent
	nis Lenin Membreno Ramirez
	200 CW 5 T
	ami Florida 33174
ARTIC	LE VI INCORPORATOR: The name and address of the Incorporator i
De	nis Lenin Membreno Ramirez
110	389 SW 5 Terrace
	ami Florida 33174

Required Signatures:

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

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.

> 08/05/2:021 Date