210000 83910

(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					

Office Use Only



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09/27/21--01002--010 **70.00



Department of State

Division of Corporations

Date: 09/27/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Nillam Logistics

Requester: Tyler Trumbach

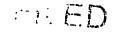
Order: 13452556

COVER LETTER

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

SUBJECT: Nillan	Logistics Fulfillment Corp.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 o Status
		ADDITIONAL CO	OPY REQUIRED
	yler Andrew Trumbach Nam	e (Printed or typed)	
		Address	
<u>Pl</u>	antation, FL 33317	, State & Zip	
56	51-312-1416	•	
	Daytime '	Telephone number	
ttn	umbach@trumbachlaw.com		
 -	E-mail address: (to be use	ed for future annual report i	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)

2021 SEP 27 PH 12: 42

LE NAM e of the corpo	AE Nillam Logistics Fulfillmentation shall be: Nillam Logistics Fulfillmentation	mi Corp.
	NCIPAL OFFICE Principal street address	SECRETARY (ALL AHASS Mailing address, if different is:
er ere mein		all legal business
nber of shares	of stock is: 1000	
LE V INII Name and T	of stock is: 1000 FIAL OFFICERS AND/OR DIRECTORS itle: Benjamin F Mallin, President	Name and Title:
iber of shares	of stock is: 1000	Name and Title: Address:
LE V INIT Name and T Address	FIAL OFFICERS ANDWOR DIRECTORS itle: Benjamin F Mallin, President 499 Evernia St Apt 304	
LE V INIT Name and T Address	itle: Ashley A Bezamat, Director	Address:
Name and Ti	itle: Ashley A Bezamat, Director	Address: Name and Title:
Name and T Address Name and Ti	itle: Benjamin F Mallin, President 499 Evernia St Apt 304 West Palm Beach, FL 33401 tle: Ashley A Bezamat, Director 2458 Crest View Dr Los Angeles, CA 90046	Address: Name and Title:

Name a	nd Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	en e
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) o	
Name:	Law Offices of Tyler A. Trumbach, P.A.	202 SEC
Address:	4405 Peters Road	NS I SE
	Plantation, FL 33317	ECRETALA TALLAHA
	ranadon, re ooch	
ARTICI E VII	INCORPORATOR	SEE PHID
ARTICLE VII INCORPORATOR		PM I2: 42 CF STATI SEE, FL
The <u>name and a</u>	address of the Incorporator is:	7ATI
Name:	Benjamin F Mallin	- -
Address:	499 Evernia St Apt 304	_
	West Palm Beach, FL 33401	-
Effective date, i	if other than the date of filing: 09/27/2021 date is listed, the date must be specific and cannot	(OPTIONAL) of the more than five days prior or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been na certificate, I am	nmed as registered agent to accept service of process j familiar with and accept the appointment as registed	or the above stated corporation at the place designated in this red agent and agree to act in this capacity
	10th /2/m	09/27/2021
	Required Signature/Registered Agent	Date
l submit this de	octiment and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
	Department of State constitutes a third degree felon	
1		09/27/2021
Required Signa	ture/incorporator	Date