P210000 89341

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/Otate/Zip/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300374816343

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 103241 8330737

COST LIMIT: \$\int 87.50

ORDER DATE : October 13, 2021

ORDER TIME : 2:49 PM

ORDER NO. : 103241-005

CUSTOMER NO: 8330737

DOMESTIC FILING

NAME:

HORIZON AIR FREIGHT OF

FLORIDA, INC.

EFFECTIVE DATE:

<u> </u>	ARTICLES OF INCORPORATION
	CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
<u> </u>	
	PLAIN STAMPED COPY
<u>XX</u>	CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: Ho	rizon	Air Freight of Florida, Inc.		
SOBJECT		(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	orig	inal and one (1) copy of the art	ticles of incorporation and	I a check for:
□ \$70.0 Filing F	-	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL CO	
FROM	:		e (Printed or typed)	
	152-	15 Rockaway Blvd	Address	
	Jam	aica, NY 11434		
		City	, State & Zip	
	203-	947-2814		
			l'elephone number	
	dave	.rector@haf.com	I for full consideration	nation)
		E-mail address: (to be use	d for future annual report i	aouncation)

NOTE: Please provide the original and one copy of the articles.

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

<u>TICLE II — P</u> RII	NCIPAL OFFICE					
	Principal street address	į	Mailing address, if o	different is:		
00 NW 92nd Ave	enue	2300 NV	2300 NW 92nd Avenue Doral, FL 33172			
oral, FL 33172		Doral, F				
TICLE III PUR e purpose for whic	POSE to the corporation is organized is: Freight F	Forwarding				
				2	2021 OCT	
			······································	بريد مندر مندر	001	
TICLE IV SHA	RFS			(n) (n) (n)	- 3	
number of shares	of stock is:			7	НЧ	
TICLE 12 INDE	THE OFFICERS AND OUR DERCEOUR			•	Ÿ	
	IAL OFFICERS AND/OR DIRECTORS Steve Leondis - President		Dave Bester V	ioo Brooide	<u>=</u>	
Name and Title Address Name and Title: Address	152-15 Rockaway Blvd	Name and Title: Address:	Dave Rector - Vice President			
	Jamaica, NY 11434		152-15 Rockaway Blvd			
	Janiaica, NT 11434		Jamaica, NY 11	434		
	Lloyd Metz - Secretary	Name and Title	Jermaine Warren - Treasurer			
	One Biscayne Tower 2 S.		One Biscayne Tower 2 S.			
	Biscayne Blvd. 37th Floor		Biscayne Blvd. 37th Floor			
	Miami, FL 33131		Miami, FL 3313			
Name and Tit	Kalpana Rao - Director	Nama and Tist.				
Address	One Biscayne Tower 2 S.	Name and Title:Address:	· <u> </u>			
	Biscayne Blvd. 37th Floor					
	Miami, FL 33131					

Name a	and Title: N	Name and Title:
Addres	SS	Address:
		· · · · · · · · · · · · · · · · · · ·
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
Name:	Corporation Service Company	S again at
Address:	1201 Hays Street	
	Tallahassee, FL 32301	
APTICI E VII	_INCORPORATOR	
•	ddress of the Incorporator is:	
	David Rector	
Name: Address;	152-15 Rockaway Blvd	
7140,033,	Jamaica, NY 11434	
Effective date, if	Other than the date of filing:	. (OPTIONAL)
(If an effective diffing.)	late is listed, the date must be specific and cannot be	more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applicable state ffective date on the Department of State's records.	utory filing requirements, this date will not be list
Having been nam certificate, I am f	ned as registered agent to accept service of process for the amiliar with and accept the appointment as registered age.	e above stated corporation at the place designated gent and agree to act in this capacity
	Assistant Vice President	
	Required Signature/Registered Agent	Date
I submit this doc document to the L	ument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as p	. I am aware that the false information submitte