# P22000005094

_		
	(Requestor's Name)	
<del>-</del>	(Address)	
	(Address)	
	(Address)	
-	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
-	_	
<del>-</del>		
	(Business Entity Name)	
•	(Document Number)	<del>-</del>
Certified Copies	_ Certificates of Sta	atus
<del></del>	<del></del>	<del></del> -
Special Instructions to	Filing Officer:	
		-
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Office Use Only



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### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/26/2022		<i>⇔w</i>	ALK II	Ass
ENTITY NAME_FE	RGUSON LOGIST	ICS, INC		_
				_
DOCUMENT NUMBI	ER			_
	**PLEASE FI	LE THE ATTACHED AND RETURN**		
xxxx	Plain Copy			
	Certified Copy			
	Certificate of S	latus		
	**PLEASE OBTAIN T	THE FOLLOWING FOR THE ABOVE ENTITY**		
	Certified Copy o	f Arts & Amendments		
	Certificate of G	rood Standing		
	**APOSTILLL	E' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTI	NATION			
NUMBER OF CERTIF	ICATES REQUESTED_			
TOTAL OWED \$70.00		ACCOUNT #: I20160000072		
		S 8 7/10		
Please call Tina a	t the above number	for any issues or concerns. Thank you so much!	ı	

### **COVER LETTER**

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

SUBJECT: Ferguso	n Logistics, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	bor Compliance		
	Name	e (Printed or typed)	
183	O Colonial Village Ln		
		Address	-
Lan	caster, PA 17601		
	City, State & Zip		
717	-431-9130		
	Daytime T	elephone number	
corp	orate@harborcompliance.com		

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

E-mail address: (to be used for future annual report notification)

#### ARTICLES OF INCORPORATION

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

<u> ICLE II PRINCIF</u>	<u>PAL OFFICE</u>				
Pt 01 4th St N Ste 300	_503 Arc	Mailing address, if different is: 503 Arden Drive			
Petersburg, FL 33702		Pearl, M	MS 39208		
		<del></del>			_
e purpose for which the	E corporation is organized is:			SEC	2022
ansportation and logistic	es service			RET	JAN
				CRETARY	26
				유	Pà
				E, FL	<u>-</u>
	<u>-</u>	<u>.</u>			0
	<u> </u>				
e number of shares of sto					
	ck is: OFFICERS AND/OR DIRECTORS	Name and Titl	e:		
TICLE V INITIAL of Name and Title:	ck is:	Name and Titl			
TICLE V INITIAL of Name and Title:	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director				
TICLE V INITIAL of Name and Title:	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director				
Name and Title:  Address	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director  13 Arden drive, Pearl, MS 39208	Address:			
Name and Title:	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director O3 Arden drive, Pearl, MS 39208	Address: Name and Title	c:		
Name and Title:  Name and Title:  Address  Name and Title:  Address	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director  13 Arden drive, Pearl, MS 39208	Address:  Name and Title Address:	e:		
Name and Title:  Name and Title:  Address  Address	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director O3 Arden drive, Pearl, MS 39208	Address:  Name and Title Address:	c:		
Name and Title:  Name and Title:  Address  Address	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director  13 Arden drive, Pearl, MS 39208	Address:  Name and Title Address:	c:		
Name and Title:  Name and Title:  Address  Address	OFFICERS AND/OR DIRECTORS OSh Ferguson, President/Director O3 Arden drive, Pearl, MS 39208	Address:  Name and Title Address:	c:		

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
			<del></del>
ARTICLE VI The name and 1	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	(le) of the registered agent is:	
Name:	Registered Agents Inc.		<u>s</u> 2
Address:	7901 4th St N STE 300	<del></del>	2022 JAN 26 AM 10: 10 SECRETARY OF STAT
	St. Petersburg, FL 33702		JAN 26 AM 10: 10 CRETARY OF STAT
			ASS ASS
ARTICLE VII	<u>INCORPORATOR</u>		EE, S
The name and a	address of the Incorporator is:		10 FL
Name:	Josh Ferguson		111
Address:	503 Arden drive, Pearl, MS 39208		
Effective date, i	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and co	. (OPTIONAL)	
filing.)	date is listed, the date must be specific and ca	innot be more than five days pri	or or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the application of State's reconstruction of State's reconstruction.	able statutory filing requirements, rds.	this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of pro- am familiar with and accept the appointment a	ocess for the above stated corporates s registered agent and agree to act	tion at the place designated in in this capacity
_511	· Name		1/25/2022
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the falselony as provided for in s.817.155,	, F.S.
	the tours		1/25/22
Kequ	ured Signature/Teorporator		Date