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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
V & R LOGISTICS GROUP, INC.**

Certificate of Status	0
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D. O'KEEFE

JAN 28 2022

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

ARTICLE I NAME

The name of the corporation shall be: V & R LOGISTICS GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
55 NE 171 ST.	55 NE 171 ST.
NORTH MIAMI BEACH, FL 33162	NORTH MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	VINCENT R. RIVERS - P	Name and Title:	
Address	55 NE 171 ST.	Address:	
	NORTH MIAMI BEACH, FL 33162		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VINCENT R. RIVERS
Address: 55 NE 171 ST.
NORTH MIAMI BEACH, FL 33162

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VINCENT R. RIVERS
Address: 55 NE 171 ST.
NORTH MIAMI BEACH, FL 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Notary Public (Exp. 12/31/2022) (S. 110)

Required Signature/Registered Agent

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.

[Signature]
Notary Public (Exp. 12/31/2022) (S. 110)

Required Signature/Incorporator

Date