



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000054785 3)))



H220000547853ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ESPINOSA LOGISTIC INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 FEB 10 PM 1:21

2022 FEB 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

FEB 11 2022

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:EspinoSA Logistic INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

(P) 9350 Fontainebleau Blvd suite 404
Miami, FL 33172(M) 1929 SE 23 Ter Homestead, FL, 33035.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LEUNAN DELA NUEZ ESPINOSA (P)

_____2022 FEB 10 PM 3:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Leunan Dela nuez Espinosa
1929 SE 23 Ter Homestead Fl
33035**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leunan Dela nuez Espinosa
1929 SE 23 Ter Homestead Fl
33035

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

SEAN M. LAZARUS _____
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.

SEAN M. LAZARUS _____
Incorporator Date

FILED
2022 FEB 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA