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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALECIN LOGISTICS CORP**

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **ALECN LOGISTICS CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address
6725 Landings Dr Apt 210A

Mailing address, if different is:

Lauderhill, FL 33319

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: **Any And All Lawful Purposes****ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Paola P Bermudez Carruyo - President**Address **6725 Landings Dr Apt 210A****Lauderhill, FL 33319**Name and Title: **Andres E Carruyo Carrueta - Vicepresident**Address: **6725 Landings Dr Apt 210A****Lauderhill, FL 33319**

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Alex Pina CoAddress: 8400 NW 36th St Ste 450Doral, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Paola P Bermudez CarruyoAddress: 6725 Landings Dr Apt 210ALauderhill, FL 33319**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*03/15/2022

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.*Paola Bermudez03/15/2022

Required Signature/Incorporator

Date

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