

P22000022919

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

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****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

Barber Logistics Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2022 MAR 28 PM 3:30

2022 MAR 28 PM 6:18

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEBarber Logistics Inc.
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal street address

8130 Cleary Blvd. Apt. 1304

Plantation, FL 33324

Mailing address, if different is:

8130 Cleary Blvd. Apt. 1304

Plantation, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for

which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valencia Barber/Director

Address: 8130 Cleary Blvd. Apt. 1304

Plantation, FL 33324

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

69

2022 MAR 28

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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: Valencia Barber
 Address: 8130 Cleary Blvd. Apt. 1304
 Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Valencia Barber
 Address: 8130 Cleary Blvd. Apt. 1304
 Plantation, FL 33324

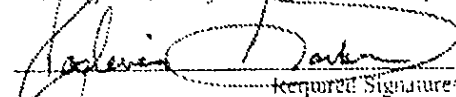
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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

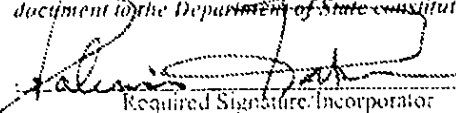


 Required Signature/Registered Agent

3/25/2022

 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.817.135, F.S.



 Required Signature/Incorporator

3/25/2022

 Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA