

**722000036410**

**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.**

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

From: Account Name : TAX S PRO CORP  
Account Number : 120200000147  
Phone : (786)307-2733  
Fax Number : (954)420-7118

*Handwritten signature and date 6/17/22*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: INFO@TAXSPRO.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADONAY LOGISTICS SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2022 MAY 16 PM 2:00

CORPORATIONS  
COMMERCIAL  
SERVICES

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Corporate Filing Menu

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## COVER LETTER

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

**SUBJECT: ADONAY LOGISTICS SERVICES CORP**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM: TAX S PRO CORP**  
Name (Printed or typed)  
**8030 PINES BLVD**  
Address  
**PEMBROKE PINES , FLORIDA 33024**  
City, State & Zip  
**786-3072733**  
Daytime Telephone number  
**INFO@TAXSPRO.COM**  
E-mail address: (to be used for future annual report notification)

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

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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: **ADONAY LOGISTICS SERVICES CORP**

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is:  
**7901 NW 3rd ST BUILDING 21** **7901 NW 3rd ST BUILDING 21**  
**APT 105** **APT 105**  
**PEMBROKE PINES, FL 33024** **PEMBROKE PINES, FL 33024**

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: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT** Name and Title:  
**CRUZ FERNANDEZ, JOAQUIN LISANDRO**  
Address: Address:  
**7901 NW 3rd ST BUILDING 21**  
**APT 105.**  
**PEMBROKE PINES, FL 33024**

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: TAX S PRO CORP  
 Address: 8030 PINES BLVD  
PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANWAR I PUELLO  
8030 PINES BLVD  
 Address: PEMBROKE PINES FL 33024

**ARTICLE VIII EFFECTIVE DATE:** 05/16/2022

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*

\_\_\_\_\_  
 Required Signature/Registered Agent 05/16/2022  
 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.817.155, F.S.*

\_\_\_\_\_  
 Required Signature/Incorporator 05/16/2022  
 Date

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