5/24/22, 3:54 PM

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.

(((H22000184200 3)))



H220001842003ABCT

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

To:

Fax Number : (850)617-6381

From:

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number : I20200000064 Phone : (786)566-7026 Fax Number : (205)881-1104

\*\*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 RF LOGISTICS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

To;

ARTICLES OF INCORPORATION<sub>6</sub>
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Principal street address L. Apr. 205 L. 33021		Mailing addre	ss, if different	t is:
TICLE III PURI purpose for which	the corporation is organized is:	and all	lawful	busine	×4
TICLE IV SHALL number of shares o		•			
Name and Tit	AL OFFICERS AND/OR DIRECTORS  10: Falconez Garcia, Rodrigo		;	TALLAHASS	2022 HAY 2014 F
	AL OFFICERS AND/OR DIRECTORS				2022 HAY 24 PM 1: 32
Name and Tit Address	He: Falconez Garcia, Rodrigo  HoO S Park Rd Apt 21  Hollywood FL 33021	<ul><li> Name and Title</li></ul>		( / ( / ( / ( / ( / ( / ( / ( / ( / ( /	24 PM 1: 32
Name and Tit Address  Name and Title Address	He: Falconez Garcia Rodrigo  HoO S Park Rd Apt 21  Hollywood FL 33021	Address:  Name and Title Address:			24 PH 1: 32

To:

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 name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name address (P.O.	he registered agent is:
Name: Rodrico Falconez Garcia	
Address: 460 S Park Rd Apr 209	5
Hollywood FL 33021	
ARTICLE VII INCORPORATOR	•
The name and address of the Incorporator is:	
Name: Kodrigo Falconez Garcia	1
Address: 460 SPark Rd. Apt 20	
Hollywood FL 33021	
,	<b>202</b>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 5.25.2022	(OMEIONAL)
(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 st the document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
	7. 32 - 2. 32
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	the above stated corporation at the place designated in this
Produce Colonia Co	egen and agree to act in this capacity
Required Signature/Registered Agent	3:24.2022
I submit this document and affirm that the facts stated herein are tri	we. I am aware that the faire information submitted in a
document to the Department of State constitutes a third degree felony a	s provided for in s.817.155, F.S.
Required Signature Incorporator	5.24.2022
Required Signature/Incorporator	Date