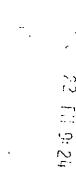


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
11,2266600126		
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06/13/22--01033--011 **122.50





FLORIDA DEPARTMENT OF STATE Division of Corporations

2022. FP 22 PH 4:1

June 28, 2022

JIMMY A BUMGARNER PO BOX 8141 FLEMING ISLAND, FL 32006

SUBJECT: 1ST LOGISTICS, INC. Ref. Number: W22000086812

We have received your document for 1ST LOGISTICS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000211340.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

Letter Number: 722A00014533

New Name: 1st Logisties Company

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: -19+ hcg/st/cs/20/U Name of Resulting Florid	A Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, entity into a "Florida Profit Corporation" in accordance with ss	and fees are submitted to convert the following eligible 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:	
Jimmy A. Bungarner Contact Person	
45+ Logistics Solution Solution	Mans Inc.
P.O. Bux 8141	
Flaming Island, FL 32006 City, State and Zip Code	
E-mail address: (to be used for future annual report notific	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
	ユモリー 93co Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$105.00 Filing Fees □ S113.75 Filing Fees □ S113.75 Filing Fees and Certified Control Status	9
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

•	a construction of the manager of the
1. The name of the Converting Entity immediately prior to the f	ling of the Articles of Conversion is: OG 15/1005 T-M0 Inverting Entity
2. The converting entity is a Derrie Stic Profit (Enter entity type. Example: limited liab general partnership, common law or bus	الله company. Innited partnership,
first organized, formed or incorporated under the laws of $\frac{C}{(Enter state, or if a non-U.S. entityon)}$	e त्यां द . the name of the country)
Enter date "Converting Entity" was first of	
3. The name of the Florida Profit Corporation as set forth in the 15th Logistics, the Enter Name of Florida P	ttached Articles of Incorporation:
Enter Name of Florida P	rofit Corporation
4. This conversion was approved by the eligible converting entity current/organic jurisdiction.	
5. If not effective on the date of filing, enter the effective date: The effective date: Cannot be prior to nor more than 90 day Department of State.) Note: If the date inserted in this block does not meet the applical isted as the document's effective date on the Department of State.	s after the date this document is filed by the Florid

Signed this Sth day of Jone	, 20 Des
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, if Directors or Officer Printed Name: James 4. Bengana Title:	
Required Signature(s) on behalf of Converting Flori	ida partnerships, limited partnerships, and limited liability
companies: [See below for required signature(s).]	
Signature:	
Printed Name: Jimmy A. Bungarner	Title: Secretary
Signature: 35	
Printed Name: Tyler Bungarner	Title: Chief Francial Vificer
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	·
All others: Signature of an authorized person.	· -
Fees:	#25 W
Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35,00 \$70,00 \$8,75 (Optional) \$8,75 (Optional)

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ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: 1St LOGISTUS SOLUTIONS A MC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 1355 Hickory Trace Dr. P.O. Bux 8141 Flemming Island, FL 30006 Homing Island, FL 30003 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Treatishow industry logistics and software product offerogs. ARTICLE IV SHARES
The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Jimmy A. Bungarner Name and Title: 351 Crossing Blvd. Apt 317 Address: Address: Crange Parls, Fr 33073 Tyler Allen Chief Finnand Name and Title: Brangarary, Officer Name and Title: 1855 Hickory Torce Dr. Address: Address: Flening Island FL 32003 Kelli Lynn Chief Concolide Name and Title: Bangaraco, officer Name and Title:____ 55 SE 61 St. Address: Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Tyler Bungarner

Address: 1855 Hickory Trace Dr. Flemmy Island, Fl. Backs

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

6/8/22