Paa 000066445

(Requestor's Name)
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(Document Number)
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COVER LETTER

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

JECT: Zeta Log	gistics Inc		
<u> </u>	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
osed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:		e (Printed or typed)	<u></u>
183	0 Colonial Village Ln		
-		Address	
Lan	caster, PA 17601		
	City.	State & Zip	
717	-431-9130		
	Daytime 1	elephone number	
corp	oorate@harborcompliance.com		
	E-mail address: (to be use	d for future annual report	notification)

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



CORRECTED Please Allow For Same File Date

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2022

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: PI LOGISTICS INC Ref. Number: W22000106987

We have received your document for and your check(s) totaling \$. 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.

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 L21000454237.

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

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 122A00018538

2022 AUG 24 AH 10: 50

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 8/24/25	_		₩ALK IN			
ENTITY NAME Pi Logistics Inc						
DOCUMENT NUMBER						
	PLEASE FILE THE	E ATTACHED AND RETURN				
xxxxxxx	Plain Copy					
	Certified Copy					
	Certificate of Status					
	*PLEASE OBTAIN THE FC Certified Copy of Arts Certificate of Good Stan					
		OTARIAL CERTIFICATION**				
COUNTRY OF DESTINA	ATION		<u> </u>			
TOTAL OWED \$70		ACCOUNT #: 120160000072	2			
Please call Tina at	the above number for c	any issues or concerns. Thank you so	much!			

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

<u> ICLE II PRIN</u>	Principal <u>street</u> address	Mailing add	lress, if different is:
01 Crossback Ln			
high Acres, FL 339	136		22
-	POSE the corporation is organized is:		SECRE AF
dex Contractor			## 257 F
			AJE TION
			
TICLE IV SHA e number of shares			
number of shares of the shares of the shares of the share	of stock is: IAL OFFICERS AND/OR DIRECTORS Vosbel Duarie Guerra, President	Name and Title:	
e number of shares	of stock is: AL OFFICERS AND/OR DIRECTORS Yosbel Duarte Guerra, President		
number of shares of the shares of the shares of the share	MAL OFFICERS AND/OR DIRECTORS Stock is: Yosbel Duarte Guerra, President 10601 Crossback Ln		
number of shares of the shares of the shares of the share and Time and Time Address	MAL OFFICERS AND/OR DIRECTORS Yosbel Duarte Guerra, President 10601 Crossback Ln Lehigh Acres, FL 33936	Address:	
number of shares of the shares of the shares of the share and Time and Time Address	MAL OFFICERS AND/OR DIRECTORS Stock is: Yosbel Duarte Guerra, President 10601 Crossback Ln	Address: Name and Title:	
number of shares of the result	MAL OFFICERS AND/OR DIRECTORS Yosbel Duarte Guerra, President 10601 Crossback Ln Lehigh Acres, FL 33936	Address: Name and Title: Address:	
number of shares of the result	MAL OFFICERS AND/OR DIRECTORS Yosbel Duarte Guerra, President 10601 Crossback Ln Lehigh Acres, FL 33936	Address:	
Name and Tit Address Address	MAL OFFICERS AND/OR DIRECTORS Yosbel Duarte Guerra, President 10601 Crossback Ln Lehigh Acres, FL 33936	Address: Name and Title: Address:	

Name and	l Title:	Name and Title:	
Address		Address:	
			.
TICLE VI <u>I</u>	REGISTERED AGENT		
	orida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
me:	Registered Agents Inc.		
dress:	7901 4th St N STE 300		
	St. Petersburg, FL 33702		OIVIS 22 A
TICLE VII	INCORPORATOR		61 an
name and ad	dress of the Incorporator is:		PA PROPERTY.
Name:	Yosbel Duarte Guerra		PH 3: 16
Address:	10601 Crossback Ln		9 10%
	Lehigh Acres, FL 33936		
TICLE VIII	<u>EFFECTIVE DATE:</u>		
ective date, if (an effective d	other than the date of filing:ate is listed, the date must be specific at	(OPTIONA nd cannot be more than five days	
ing.)			

in

8/17/2022 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.

08/17/22 Required Signature/Incorporator Date