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| (Requestor's Name) | | | | |
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| PICK-UP | WAIT MAIL | | | |
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| | (Duning Fathy Name) | | | |
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| Certified Copies | Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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D. O'KEEFE SEP 2 3 2022

COVER LETTER

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

| SUBJECT: | C: Volarys Logistics Consulting, Inc. | | | |
|-------------------------|--|---------------------------------------|---|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | l 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 | |
| | | ADDITIONAL CO | Status | |
| FROM: | Melissa Pena | e (Printed or typed) | | |
| | 2500 NW 107 Avenue St | uite 202-BB | | |
| | Doral, FL 33172 | | | |
| | City | State & Zip | | |
| | • | Felephone number | | |
| n | npena@volarys-ec.com | 3.5 C | ************************************** | |
| | E-mail address: (to be use | d for future annual report r | iotification) | |

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

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

in

| TICLE II PRII | NCIPAL OFFICE | | |
|--|--|--|---|
| 0 NW 107 Avenue, | Principal <u>street</u> address Suite 202-BB | Mailing ac | ddress, if different is: |
| ral, FL 33172 | | | |
| TICLE III PUR | POSE | | |
| purpose for which | the corporation is organized is: | The company's corporate purpose is - Acc | quiring interests and holdings, |
| | | or to be created, connected directly or indirectly or indi | |
| | | ited to: - Purchase and sale of all raw materia | |
| | | | and products decessary for thes |
| | l or personal, property financial or o partially, with the activities describ | other transactions, connected ed above and with all similar or related activ | ities and even with any other purp |
| | | ovide logistics and consulting to any and all i | |
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| Name and Tit Address Name and Tit Address | of stock is: One million (1,000,000) IAL OFFICERS AND/OR DIRE tile: Melissa Pena 2500 NW 107 Avenue Suite 202-BB Doral, FL 33172 | Name and Title: Address: Name and Title: | ZUZZ SEP 23 AMII: 32 BECHELIAN MEDIAL IALLAHASSETTE OPEN, |
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| Name a | and Title: | Name and Title: |
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| Addre | ess | Address: |
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| | | |
| | REGISTERED AGENT | |
| | Florida street address (P.O. Box NOT acceptable |) of the registered agent is: |
| Name: | Melissa Pena | _ |
| Address: | 2500 NW 107 Avenue, Suite 202-BB | 2 82 |
| | Doral, FL 33172 | F IL |
| | | P — |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | |
| The <u>name and</u> | address of the Incorporator is: | |
| Name: | Melissa Pena | SEP 23 AM II: 32 |
| Address: | 2500 NW 107 Avenue, Suite 202-BB | |
| | Doral, FL 33172 | |
| | I_EFFECTIVE DATE: | |
| | if other than the date of filing: | (OPTIONAL) nnot be more than five days prior or 90 days after the |
| filing.) | date is listen, the date must be specific and ca | mot be more than tive days prior or 50 days after the |
| | ite inserted in this block does not meet the applicate effective date on the Department of State's reconstruction. | ble statutory filing requirements, this date will not be listed as ds. |
| Having been no certificate, I am | amed as registered agent to acce <u>pt service</u> of proce familiar with and accept the appointment as regi | ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity |
| | Required Signature Registered Agent | $\frac{-\sqrt{23/22}}{Date}$ |
| document to the | ocument and affirm that the facts stated herein to be Department of State constitutes a third degree fe ture Incorporator | are true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S. Date |
| | | |