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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : L & R INTERNATIONAL FIRM INC
Account Number : I20200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

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

Email Address: _____

m.a.

FLORIDA PROFIT/NON PROFIT CORPORATION
BAG LOGISTIX INC

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

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COVER LETTER

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

SUBJECT: BAG LOGISTIX INC(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: CHRISTOPHER BECKER

Name (Printed or typed)

245 NE 14TH STREET STE 2612

Address

MIAMI, FLORIDA 33132

City, State & Zip

786-731-8121

Daytime Telephone number

BAGLOGISTIX@GMAIL.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

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

ARTICLE I NAMEThe name of the corporation shall be: BAG LOGISTIX INC**ARTICLE II PRINCIPAL OFFICE**Principal street address245 NE 14TH STREET STE 2812MIAMI, FL 33132

Mailing address, if different is:

245 NE 14TH STREET STE 2812MIAMI, FL 33132**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CHRISTOPHER BECKER - PRESIDENT

Name and Title: _____

Address 245 NE 14TH STREET STE 2812

Address: _____

MIAMI, FL 33132

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: L&R INTERNATIONAL FIRM, INCAddress: 8410 W FLAGLER ST STE 204MIAMI, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: OSCAR LOPEZAddress: 8410 W FLAGLER ST STE 204MIAMI, FL 33132**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/10/2023 (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*[Signature]
Required Signature/Registered Agent*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.*[Signature]
Required Signature/Incorporator

4/10/2023	2023
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APR 11 12	

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