

P 23000055685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

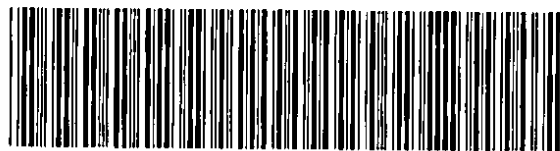
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2023 JUL 28 AM 11:19

ALLAHASSEE, FLORIDA

2023

PM 2:03

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 907680 4727100

AUTHORIZATION :



COST LIMIT : \$70.00

ORDER DATE : July 27, 2023

ORDER TIME : 8:23 AM

ORDER NO. : 907680-005

CUSTOMER NO: 4727100

DOMESTIC FILING

NAME: D2 TRANSPORTATION AND  
LOGISTICS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** D2 Transportation and Logistics, 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:** Kathy Landicho / Offit KUrman, P.A.  
Name (Printed or typed)  
7021 Columbia Gateway Drive, Suite 200  
Address  
Columbia, MD 21046  
City, State & Zip  
301575-0303  
Daytime Telephone number  
klandicho@offitkurman.com  
E-mail address: (to be used for future annual report notification)

**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)

**ARTICLE I NAME**

The name of the corporation shall be: D2 Transportation and Logistics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10072 Ginger Pointe

Bonita Springs, FL 34135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized to transact any or all lawful business  
for which corporations may be incorporated under the Florida Business Corporation Act, as it now exists or may  
hereafter be amended or supplemented.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Iaconelli, Director

Name and Title: Dean Dingman, Director

Address 10072 Ginger Pointe

Address: 3640 Dorr Road

Bonita Springs, FL 34135

Brighton, MI 48116

Name and Title: David Iaconelli, President, Secretary & Treasurer

Name and Title: \_\_\_\_\_

Address 10072 Ginger Pointe

Address: \_\_\_\_\_

Bonita Springs, FL 34135

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2023  
JAN 20 2:03  
CLERK

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 registered agent is:

Name: David Iaconelli  
Address: 10072 Ginger Pointe  
Bonita Springs, FL 34135

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: David Iaconelli  
Address: 10072 Ginger Pointe  
Bonita Springs, FL 34135


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

  
David Iaconelli (Jul 27, 2023 16:28 EDT)  
Required Signature/Registered Agent

Jul 27, 2023

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.*

  
David Iaconelli (Jul 27, 2023 16:28 EDT)  
Required Signature/Incorporator

Jul 27, 2023

Date

David Iaconelli

2023 JUL 27 2:03 PM