

P23000061650

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000293119 3)))



H230002931193ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RASL
Account Number : I202700000023
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
H and M Logistical Solutions Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
2023 AUG 23 PM 2:07
CORPORATIONS
DIVISION
TALLAHASSEE
FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2023 AUG 23 AM 8:29
STATE
TALLAHASSEE, FL

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: H and M Logistical Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2715 Via Capri Apt 738
Clearwater, FL 33764

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal Purposes

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Megi Duhanxhiu Director

Name and Title: _____

Address 2715 Via Capri Apt 738

Address: _____

Clearwater, FL 33764

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 AUG 23 AM 8:29
STATE OF FL

FILED

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: Megi Duhanxhiu
 Address: 2715 Via Capri Apt 738
Clearwater, FL 33764

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Megi Duhanxhiu
 Address: 2715 Via Capri Apt 738
Clearwater, FL 33764

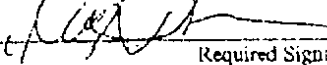
ARTICLE VIII EFFECTIVE DATE:

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


 Required Signature/Registered Agent

08/01/2023

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.


 Required Signature/Incorporator

08/01/2023

Date

2023 AUG 23 AM 8:29
 DEPT. OF STATE
 TALLAHASSEE, FL

FILED