

P24111105928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

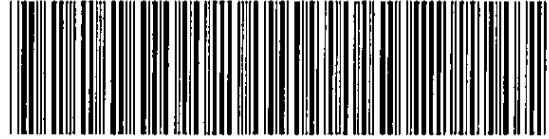
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: BLUE EYES LOGISTICS, INC.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: ELI TAX SERVICE, INC.

Name (printed or typed)

2900 W IRVING PARK RD, UNIT C-2

Address

CHICAGO, IL 60618

City, State & Zip

773-202-1144

Daytime Telephone Number

INFO@ELI.TAX

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

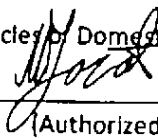
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, MIHAILO JOSOVIC PRESIDENT  
(Name) (Title)  
of BLUE EYES LOGISTICS, INC. a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is BLUE EYES  
LOGISTICS, INC. (Foreign Corporation)
2. The jurisdiction and date of its formation is ILLINOIS, 08/11/2021
3. The name of the domesticated corporation is BLUE EYES  
LOGISTICS, INC.
4. The jurisdiction of formation of the domesticated corporation is Florida
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

x

  
(Authorized Signature)

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CLERK OF THE  
COURT  
JACKSONVILLE, FL

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

BLUE EYES LOGISTICS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address  
1835 ANCHOR AVE

Mailing Address  
1835 ANCHOR AVE

DELAND, FL 32720

DELAND, FL 32720

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
ANY AND ALL LEGAL PURPOSES

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1000

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MIHAJLO JOSOVIC

1835 ANCHOR AVE

DELAND, FL 32720

HAVING BEEN NAMED AS REGISTERED AGENT AND 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/Registered Agent

10/02/2023  
Date

2023 OCT 12 AM 10:43  
STATE OF FLORIDA

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: MIHAILO JOSOVIC-PRESIDENT

Address: 1835 ANCHOR AVE  
DELAND, FL 32720

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

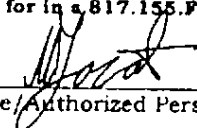
Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

I submit this document and affirm that the facts stated herein are true. I am aware that 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/Authorized Person

10/02/2023

Date

2023 OCT 12 AM 10:43

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