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From: Yanet Avila

2/19/24, 11:27 AM

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GOLOGISTIK CORP**

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T. J. H.
2/24/24

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

ARTICLE I NAMEThe name of the corporation shall be: GOLOGISTIK CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
10470 NW 26TH STREET SUITE A
DORAL, FL 33172

Mailing address, if different is:

SAME**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: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DEBORA DE OLIVEIRA FABBRI -P

Name and Title: _____

Address 3610 YACHT CLUB DRIVE APT 302
AVENTURA, FL 33180

Address: _____

Name and Title: DANIEL FABBRI RAHME -VP

Name and Title: _____

Address 3255 NE 184TH STREET APT 12210
AVENTURA, FL 33180

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: DEBORA DE OLIVEIRA FABBRIAddress: 3610 YACHT CLUB DRIVE APT 302AVENTURA, FL 33180**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: DEBORA DE OLIVEIRA FABBRIAddress: 3610 YACHT CLUB DRIVE APT 302AVENTURA, FL 33180**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*/s/ Debora de Oliveira Fabbri
Required Signature/Registered Agent02/16/2024
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.*/s/ Debora de Oliveira Fabbri
Required Signature/Incorporator02/16/2024
DateFILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA