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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 : DMG FINANCIAL SERVICES INC
 Account Number : I20230000151
 Phone : (305)595-2407
 Fax Number : (305)595-2408

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

Email Address: _____

RECEIVED
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 SECRETARY OF STATE
 TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

STEGIS LOGISTIC INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

US

MC

COVER LETTER

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

SUBJECT: STEGIS LOGISTIC 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: MARIA E RUIZ
Name (Printed or typed)
7750 SW 117TH AVE SUITE 203
Address
MIAMI, FLORIDA 33183
City, State & Zip
305 595-2407
Daytime Telephone number
MARIAQUIROS9@HOTMAIL.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 NAMEThe name of the corporation shall be: STEGIS LOGISTIC INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8835 SW 107 AVEMIAMI FLORIDA 33176**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANGEL MENDEZ HERNANDEZ, PRE

Name and Title: _____

Address 8835 SW 107 AVE

Address: _____

MIAMI FLORIDA 33176

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ANGEL MENDEZ HERNANDEZ
Address: 8835 SW 107 AVE
MIAMI FLORIDA 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGEL MENDEZ HERNANDEZ
Address: 8835 SW 107 AVE
MIAMI, FLORIDA 33176

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/29/2024 (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 understand and accept the appointment as registered agent and agree to act in this capacity

X _____ 09/24/2024
Required Signature/Registered Agent 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.

X _____ 09/24/2024
Required Signature/Incorporator Date

4724