P24000009579

(F	Requestor's Name)	
A)	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of S	itatus
Special Instructions to Fi	iling Officer:	

Office Use Only



500438061525



COVER LETTER

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

SUBJECT: OZ LO	OGISTICS INC (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SÜFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	- M
FROM:		CAN PERMITS LLC e (Printed or typed)	
		77TH AVE SUITE 103 Address	
		Al FL 33166 State & Zip	
_	30 Daytime 1	5-501-4791 elephone number	
	info@allar E-mail address: (to be use	nericanpermits.com d for future annual report r	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)

RTICLE II PRINC	<u>IPAL OFFICE</u>				
	Principal street address	1		ss, if different is:	
	4111 E 2ND AVE		4111 E 2 HIALEAH F	ND AVE	
	HIALEAH FL 33013			FC 33013	
RTICLE III PURPO e purpose for which th	SE ac corporation is organized is: 1	vucking Op	e vatien		
				2.02	
				2024 003	
<u>-</u>				·	
···					
					<u> </u>
				47	
_	stock is: 100 L OFFICERS AND/OR DIRECTOR				
e number of shares of s RTICLE V INITIA Name and Title	L <i>OFFICERS AND/OR DIRECTOR</i> ALEJANDRO ESPINOSA GONZ	ZALEZ Name and Title:	PRESIDE	NT	
e number of shares of s	LOFFICERS AND/OR DIRECTOR ALEJANDRO ESPINOSA GONZ 4111 E 2ND AVE	ZALEZ Name and Title:	PRESIDE	NT	
e number of shares of s RTICLE V INITIA Name and Title	L <i>OFFICERS AND/OR DIRECTOR</i> ALEJANDRO ESPINOSA GONZ	ZALEZ Name and Title:	PRESIDE	NT	
e number of shares of s RTICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTOR ALEJANDRO ESPINOSA GONZ 4111 E 2ND AVE	ZALEZ Name and Title: Address:			
Name and Title:	LOFFICERS AND/OR DIRECTOR ALEJANDRO ESPINOSA GONZ 4111 E 2ND AVE HIALEAH FL 33013	Address: Name and Title: Address: Name and Title:			
Name and Title:	LOFFICERS AND/OR DIRECTOR ALEJANDRO ESPINOSA GONZ 4111 E 2ND AVE HIALEAH FL 33013	Address: Name and Title: Address: Name and Title: Address:			
Name and Title: Address	LOFFICERS AND/OR DIRECTOR ALEJANDRO ESPINOSA GONZ 4111 E 2ND AVE HIALEAH FL 33013	Name and Title: Address: Name and Title: Address: Address:			
Name and Title: Address Name and Title: Address	LOFFICERS AND/OR DIRECTOR ALEJANDRO ESPINOSA GONZ 4111 E 2ND AVE HIALEAH FL 33013	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:			

Name a	nd Title:	Name and Title:	
Addres	8	Address:	
			···
		_	
ARTICI F VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	ALEJANDRO ESPINOSA GONZALEZ	<u>- </u>	
Address:	4111 E 2ND AVE	_	<i>r.</i>
	HIALEAH FL 33013		2024 C.C.
			- i
ARTICLE VII	<u>INCORPORATOR</u>		. 7
The name and a	iddress of the Incorporator is:		
Name:	ALEJANDRO ESPINOSA GONZALEZ	_	2
Address:	4111 E 2ND AVE	<u> </u>	- 7
	HIALEAH FL 33013		
ARTICLE VIII Effective date, i	EFFECTIVE DATE: 10/17/202	24 . (OPTIONAI	· .)
(If an effective filing.)	date is listed, the date must be specific and cann	not be more than five days	prior or 90 days after the
	e inserted in this block does not meet the applicable	le statutare tiling raymiremen	ate this data will not be listed.
	effective date on the Department of State's records		
Having heen na	med as registered agent to accept service of process	for the above stated corporat	tion at the place designated in t
	familiar with and accept the appointment as registe		
	Required Signature/Registered Agent		10/17/2024
			Date
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
	A		40/47/2024
Required Signar	ure/Incorporator		Date 10/17/2024