

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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TALLAHASSEE, FL**FLORIDA PROFIT/NON PROFIT CORPORATION
UP LEVEL LOGISTICS INC**

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

ARTICLE I NAMEThe name of the corporation shall be: UP LEVEL LOGISTICS, INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address2796 W 55TH PLHIACLEAH, FL 33016

Mailing address, if different is:

2796 W 55TH PLHIACLEAH, FL 33016ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PEDRO RAMOS DE LA O

Name and Title: _____

Address: PRESIDENT

Address: _____

2796 W 55TH PLHIACLEAH, FL 33016

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CORPORATIONS

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: PEDRO RAMOS DE LA O
Address: 2796 W. 55TH PL
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO RAMOS DE LA O
Address: 2796 W. 55TH PL
HIALEAH, FL 33016

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
Date 11/27/2024

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.817.135, F.S.

Required Signature/Incorporator
Date 11/27/2024

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