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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.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
WHITE ORCHID LOGISTICS CONSULTANT CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 DEC 16 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 DEC 16 PM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: WHITE ORCHID LOGISTICS CONSULTANT CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2000 SALZEDO ST Mailing address, if different is: SAME
APT 807
CORAL GABLES, FL 33134

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: THE GENERAL NATURE OF THE BUSINESS AND OBJECTS
AND PURPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY AND
ALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS
MIGHT DO:

- 1) TRANSACT ANY AND ALL LAWFUL BUSINESS
2) SAID CORPORATION SHALL FURTHER HAVE POWERS
TO HAVE PERPETUAL SUCCESSION BY IT'S CORPORATE NAME: White Orchid Logistics Consultant Corp.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SARA A. PRUDOT</u>	Name and Title:	_____
Address	<u>2000 SALZEDO ST</u>	Address:	_____
	<u>APT 807</u>		_____
	<u>CORAL GABLES, FL 33134</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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:

SARA A. PRUDOT

Address:

2000 SALZEDO ST APT 807

CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

SARA A. PRUDOT

Address:

2000 SALZEDO ST. APT 307

CORAL GABLES, FL 33134

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

12/13/2024

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.

Required Signature/Incorporator

12/13/2024

Date