OFFRE U.E ONLY (Locument)	WW20897
(Requestor's Name)	DENT LOE, TINC.
3320 S.W. 87th AVENUE	
(Address) MIAMI, FLORIDA (305)552	5072
	one #) -03/05 /00 3465
LOCAL REPRESENTATIVE TALLA	HASSEE 「本本本本(1)」() - 安東安安東プローフ他
	OFFICE USE ONLY
CORPORATION NAME (c) &	DOCUMENT NUMBER(S) (if known):
OIN I - '+	DOCUMENT NUMBER(S) (if known):
1. MIRLOGIS/	1CS , $INC$ .
(Corporation Name)	(Document#)
2. (Corporation Name)	
3.	(Document #)
(Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document#)
Walk in Pick up time	2.00 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	The state of the s
. Limited Liability	Resignation of R.A., Officer/Director
	Change of Registered Agent
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Other	Merger
	X
OTHER FILINGS	REGISTRATION/ / 3/5
Annual Report	QUALIFICATION
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	Other Examiner's Initials
CR2E031(9/92)	The state of the s

## ARTICLES OF INCORPORATION

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	Ai	rlogistics, Inc.	<del>-</del>
	(n	ame of corporation)	
The under the following ar	signed acting as the incorporators of a c ticles of incorporation for such corporat	orporation under the Florida Busi ion:	
- The name	ARTICLI of the corporation is:	E I - CORPORATE NAME	9 MAR -5 ECRETARY LAHASSE
<del> </del>	: Ai	rLogistics, Inc.	
		ICLE II - DURATION	11:22 LORIDA
This corpo	ration shall exist perpetually unless diss	olved according to Florida law.	
	ART	ICLE III - PURPOSE	
- The corpor Inited States an	ration is organized for the purpose of engel the State of Florida.	gaging in any activities or busines	ss permitted under the laws of the
	ation is authorized to issue 20	INITIAL PRINCIPAL OFFICE	
STREET ADDR	ESS 2721 NEL 25 GL		
	3731 NW 25 Street	the state of the s	<del></del>
CITY	Miami	FLORIDA	710
Mailing ac	ldress, if different	ABOMDA	ZIP~33142
STREET ADDR			
CITY		FLORIDA	2
		FLORIDA	. ZIP .
The street	address of the initial registered offic	REGISTERED OFFICE AND	
NAME	· · · · · · · · · · · · · · · · · · ·	o and the name of the initial re	gistered agent at the office is:
ADDRESS	Gabriel Serrano		Manager and the Control of the Contr
CITY	3731 NW 25 Street Miami	ET OPTIDA	
	- Andread Lab	FLORIDA	ZIP 33142

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	two	(2	) directors	initially. T	he number o	f directors ma	ay be
either increased or diminished from	time to time by the	By-Laws,	but shall neve	r be less th	an one (1). T	ne names and	
addresses of the initial director(s) of	the corporation are	as follows	:				

NAME	Gabriel Serrano			·
ADDRESS	1561 Breakwater Terrace			
CITY	Hollywood,	STATE Flor	cida ZIP	33019
NAME	Rene M. De la Llana	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
ADDRESS	6225 NW 113 Court			
CITY	Miami	STATE Flor	cida ZIP	33178
NAME				
ADDRESS			2.2 September 2017 or man. Asset 1889. ATRI TOPPER	
CITY	The second secon	STATE	ZIP	· .=

## ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Gabriel Serrano		
ADDRESS	1561 Breakwater Terrace		
CITY	Hollywood,	STATE Florida	<sup>ZIP</sup> ~33019
NAME	Rene M. De la Llana		
ADDRESS	6225 NW 113 Court		-
CITY	Miami	STATE Florida	ZIP 33178
NAME		· ·	
ADDRESS		-	
CITY		STATE	ZIP
	ned incorporator(s) have executed these	Articles of Incorporation th	nis
day of		19	

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

AirLogistics, Inc.

:	(name of corporati	ion)		
•	,			
Pursuant to Florida Statutes Sec	ctions 48.091 and 607.050	01, the following	ic submitted.	e e 1881 saa (EMErosa), s gee 1881 saa
The above corporation, organize	ed under the laws of the S	State of Florida	is submitted:	
as indicated in the Articles of In	acorporation	Mate of Profita w	viui its registere	d office
at	3731 NW 25 St	reet		
	Miami, Floric		***	- -
has named	Gabriel Serra	no		= = = = = = = = = = = = = = = = = =
located at the aforesaid address,	as its registered agent to	accept service o	—— f process within	thia
state.	<b>5 3 3 3 3 3 3 3 3 3 3</b>		r process writing	uns
			Z <sub>S</sub>	<b>9</b>
			ECR	9
			HAS	3
			SEE	(d)
			ĴF S	三门
Having been named as registered	d agent and to accept serv	ice of process fo	or the above state	34
conforation at the place designat	ed in this certificate, I he	reby accept the a	ر حر ppointment as r	egis-
ered agent and agree to act in th	is capacity. I further agre	e to comply with	the provisions	of all
statutes relating to the proper and	d complete performance o	of my duties, and	I am familiar w	/ith
and accept the obligations of my	position as registered ag	ent.		
	:	· · · · · · · · · · · · · · · · · · ·		
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(Signature)		(Dat	e)	
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<b>Y</b> ,	•			
M 215: CERTIFICATE OF DESIGNATION ISTERED AGENT/REGISTRED OFFICE	PAGE 3	Art of the second of the secon	SEMIN	NOLE-MIAMI (8-93)