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   : LAZARUS CORPORATE FILING SERVICE, INC.
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    Phone   : (305)552-5973
    Fax Number   : (305)675-5944

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

    Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
S. GIL TRANSPORTATION INC

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

ARTICLES OF INCORPORATION H150002498 86
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I   NAME: The name of the corporation is:

S. Gil Transportation INC

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

2715 SW 119 ct Miami Fl 33175

ARTICLE III   SHARES: The number of shares of stock is: _100_

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Alexey Gil (P)

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Alexey Gil
2715 sw 119ct Miami FL
_33175_

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:
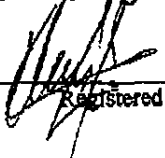
Alexey Gil
2715 SW 119 ct Miami FL
_33175_

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Required Signatures:

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

_____   10/19/15
        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.

_____   10/19/15
        Incorporator   Date

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