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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2011 MAR -7 AM 11:30

3/10/11

COVER LETTER

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

SUBJECT: GUS WHEELS, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Delia Carricaburu

Name (Printed or typed)

10755 S.W. 190 Street #65

Address

Miami FL., 33157

City, State & Zip

305-582 2154

10755 S.W. 190 Street Telephone number

guswheels@hotmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

GUS WHEELS, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10755 S.W. 190 Street # 65

Miami FL, 33157

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rental of four wheel bicycles with the participation of young adults with down Syndrome and/or developmental disabilities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors are appointed by the corporation President and two parent volunteers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Delia Carricaburu

Address: President/Treasurer

10755 S.W. 190 street # 65

Miami FL, 33157

Name and Title: _____

Address: _____

Name and Title: Carlos Carricaburu

Address: Vice-President

10755 S.W. 190 Street # 65

Miami FL, 33157

Name and Title: _____

Address: _____

Name and Title: Agustin Carricaburu

Address: Secretary

10755 S.W. 190 Street # 65

Miami FL, 33157

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Delia Carricaburu

Address: 10755 S.W. 190 Street # 65

Miami FL, 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

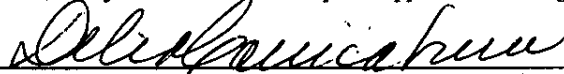
Name: Delia Carricaburu

Address: 10755 S.W. 190 Street # 65

Miami FL, 33157

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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 of Registered Agent

March 3, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

March 3, 2011

Date