

P00000089466

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

700003398847--1  
-09/20/00--01023--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: **Gil Trucking, Inc.**

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

☒ \$70.00 Filing Fee

☐ \$122.50 Filing Fee & Cert. Copy\*

☐ \$78.75 Filing Fee & Certificate

☐ \$131.25 Filing Fee, Cert. Copy & Certificate\*

*\*Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

George Luff  
4800 Queensboro Ave. South  
St. Petersburg, FL 33711  
Tele. 727-323-8035

FILED  
00 SEP 20 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

9-21  
WC

# ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following Articles of Incorporation.*

## ARTICLE I: NAME

The name of the corporation shall be:

Gil Trucking, Inc.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4800 Queensboro Ave. South St. Petersburg, FL 33711

## ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

100,000

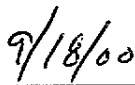
## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

George Luff 4800 Queensboro Ave. South St. Petersburg, FL 33711

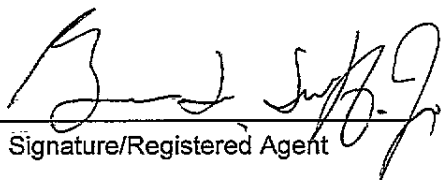
## ARTICLE V: INCORPORATOR

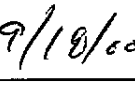
George Luff 4800 Queensboro Ave. South St. Petersburg, FL 33711

  
Signature/Incorporator

  
Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

  
Date

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00 SEP 20 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA