## POINTAR 93/

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

SUBJECT:	UBJECT: CELOEN LNC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	`				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	Muldred Ge	<u> </u>			
9000 Park Boulevard #7					
	Seminole,	FL 3377	77 TAE	01 C	
	7 27–39 Daytime T	8-637) elephone number	AHASSEE, F	FILED DEC 26 PM 2: 46 RETARY OF STATE	
			LORIDA	2: 46 STATE	

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

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: GELSEN INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2000 Park Boulevard, #7 Seminole, Fl. 33777 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Transportation Services SHARES ARTICLE IV The number of shares of stock is: 100 Shares at \$ 1.00 par value ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Mildred Gelfond 9000 Park Blud, #7, Seminole, F1 33777 President, Secretary, Treasurer, Director ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Mildred Gelfond 9000 Park Boulevard, #7, Seminale, Fl 3372 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Mildred Gelfond 9000 Park Boulevard, #7, Seminole, Fl. 33777

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

| Applied | Date | Dat