

PO 7888013357

(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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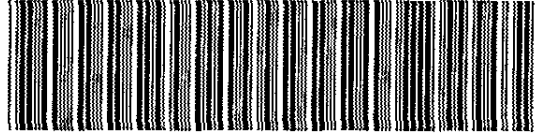
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1-30-07
2007

COVER LETTER

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

SUBJECT: G.M.G. TRANSFER TRUCKING INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MANUEL A. ACOSTA

Name (Printed or typed)

16011 SOUTH US HWY 301

Address

SUMMERFIELD FL. 34491

City, State & Zip

407-967-0288 OR 786-357-0896

Daytime Telephone number

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

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:

G.M.G. INTERSTATE TRUCKING INC.
16011 SOUTH US HWY 301 SUMMERFIELD FL.34491

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16011 SOUTH US HWY 301 SUMMERFIELD FL. 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

THE NAME AND ADDRESS OF THE PERSON WHO IS TO SERVE AS DIRECTOR UNTIL THE FIRST ANUAL MEETING OF SHAREHOLDERS OR UNTIL ITS SUCCESSORS ARE SELECTED AND QUALIFIED, ARE :MANUEL A. ACOSTA
16011 SOUTH US HWY 301
SUMMERFIELD FL. 34491

ARTICLE VI REGISTERED AGENT

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

MANUEL A. ACOSTA
16011 SOUTH US HWY 301 SUMMERFIELD FL. 34491

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MANUEL A. ACOSTA
16011 SOUTH US HWY 301 SUMMERFIELD FL. 34491

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

Signature/Registered Agent

Signature/Incorporator

1/25/07

Date

1/25/07

Date