

P11000019953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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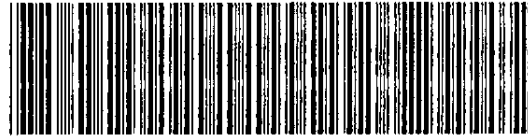
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 25 PM 12:39

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J. Shivers MAR 01 2011

COVER LETTER

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

SUBJECT: GABISA PARCEL EXPRESS, 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: Adriangel Ortiz

Name (Printed or typed)

4949 Cason Cove Dr. # 712

Address

Orlando, FL 32811

City, State & Zip

407-574-5964

Daytime Telephone number

adriangelortiz@yahoo.com

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

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2011 FEB 25 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 GABISA PARCEL EXPRESS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4949 Cason Cove Dr. # 712
Orlando, FL 32811

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide transportation and logistic services to businesses finding the most effective ways to ship goods to various locations within the country, also assist with exportation and importation of goods to countries throughout the world. Cost estimation, route identification, customs assistance and clearance, purchasing goods agent and transport planning are the services offered by the company.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIANGEL ORTIZ, President
Address: 4949 Cason Cove Dr. # 712
Orlando, FL 32811

Name and Title: _____
Address: _____

Name and Title: Karel Corredor, Vice President
Address: 4949 Cason Cove Dr. # 712
Orlando, FL 32811

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Adriangel Ortiz
Address: 4949 Cason Cove Dr. # 712
Orlando, FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adriangel Ortiz
Address: 4949 Cason Cove Dr. # 712
Orlando, FL 32811

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/Registered Agent

02/21/2011

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.

Required Signature/Incorporator

02/21/2011

Date

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