

P11000050910Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES INC
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

CPG Logistics, Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME CPG Logistics, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1255 Bass Blvd.
Dunedin FL 34698

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Gelberg (Director)
Address: 1255 Bass Blvd.
Dunedin FL 34698

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Paul Gelberg (Director)
Address: 1255 Bass Blvd.
Dunedin FL 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul Gelberg (Director)
Address: 1255 Bass Blvd.
Dunedin FL 34698

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.

Paul Gelberg (per State) (Power of Attorney)
Required Signature/Registered Agent

May 27, 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.

Paul Gelberg (per State) (Power of Attorney)
Required Signature/Incorporator

May 27, 2011
Date

11 MAY 27 AM 11:37
TALLAHASSEE
SECRETARY OF STATE

APPROVED
MAY 27 2011