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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : 120100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****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
BGA GROUP INTERNATIONAL FREIGHT FOWARDERS,CORP.**

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

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TALLAHASSEE, FLORIDA

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J. G. Hiers

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:

BGA GROUP INTERNATIONAL FREIGHT FOWARDERS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1320 N W 78 AVE

MIAMI FL 33126

Mailing address, if different is:

2485 West 70 Place

Hialeah FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS G MEDINA LUQUE PRESIDENT

Address: 2485 West 70 Place

Hialeah FL 33016

Name and Title: _____

Address: _____

Name and Title: Hilda Medina

Address: 2485 West 70 Place

Hialeah FL 33016

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: Carlos G Medina Luque

Address: 2485 West 70 Place

Hialeah FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos G Medina Luque

Address: 2485 West 70 Place

Hialeah FL 33016

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

04/09/2012

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

04/09/2012

Date

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