Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130002167393)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DORAL NOTARY CORPORATE FILING, INC

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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 GOMIJ TRANSPORT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

NIA ME

H13000216739 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	ion shall be: GOMIJ TRANSPO	RI, INC.		-	
	VCIPAL OFFICE Principal <u>street</u> address	,	Mailing address, if diffi	arant ice	
325 NW 72 Av		^	- Annual Control of the Control	-x v 111 13.	
Suite 201		A13T		<u> </u>	
Miami, FL-331	26	•••			
ARTICLE III PURI The purpose for which the	POSE he corporation is organized is: ANY AN	ID ALL LA	WFUL BUSI	NES	S
				ည် (စု	
	TIAL OFFICERS AND/OR DIRECTORS			EP 30 PH 2:17	REVUOLISE AD E
Name and Title	GUY GARCIA OROZCO (P)	Name and Title:			35
Address	325 NW 72 Avenue	Address:			
	Suite 201			-	
	Miami, FL 33126			·	
Name and Title	INGRID SABADI CARRETE(VP)	Name and Title:			
Address	325 NW 72 Ave				
* ^	Suite 201	numess.	, , , , , , , , , ,		
	Miami, FL 33126				
Name and Title	:	Name and Title			
			•		
Address	•	vantess:			
	Hart Marketter.			<u> </u>	

H13000216739

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
<u> </u>	Florida street address (P.O. Box NOT acceptable) o GUY GARCIA OROZCO	: the registered agent is:
Name: Address:	325 NW 72 AVE STE 201	<u>9</u>
, x24, 435,	Miami, FL 33126	
<u>ARTICLE VII</u>	I INCORPORATOR	3 등 기계
The <u>name and a</u>	address of the Incorporator is:	
Name:	GUY GARCIA OROZCO	**************************************
Address:	325 NW 72 Ave STE 201	
	MIAMI,FL 33126	- -
Having been no this certificate,	amed as registered agent to accept service of proces I am familiar with and accept the appointmentias re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	LIVE -	09/27/2013
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
	(ONE)	09/27/2013
	Required Signature/Incorporator	Date