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Florida Department of State
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14 MAR 14 AM 11:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

To:
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Fax Number : (850)617-6381

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
GRAVILAND COURIER & DELIVERY INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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DIVISION OF CORPORATIONS

14 MAR 14 AM 11:46

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: GRAVILAND COURIER & DELIVERY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

615 WEST 80 STREET
HIALEAH, FL, 33014

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: COURIER & DELIVERY SERVICES

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCISCO SALAMANCA (DIRECTOR)
Address: 615 WEST 80 STREET
HIALEAH, FL, 33014
50 %

Name and Title: AURALILIA BLANDON (DIRECTOR)
Address: 615 WEST 80 STREET
HIALEAH, FL, 33014
50 %

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: FRANCISCO SALAMANCA

Address: 615 WEST 80 STREET

HIALEAH, FL, 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANCISCO SALAMANCA

Address: 615 WEST 80 STREET

HIALEAH, FL, 33014

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

_____ 3-14-14

Required Signature/Registered Agent 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.

_____ 3-14-14

Required Signature/Incorporator Date