

P14000054681

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14 JUN 23 PM 2:20  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

## COVER LETTER

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

SUBJECT: **CHAVEZ LOGISTICS 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **GESLER CHAVEZ**

Name (Printed or typed)

**8052 QUEENSFERRY LN**

Address

**JACKSONVILLE FL 32244**

City, State & Zip

**904 600 8200**

Daytime Telephone number

**gesler19@hotmail.com**

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

**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**

The name of the corporation shall be: **CHAVEZ LOGISTICS INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**8052 QUEENSFERRY LN**

**JACKSONVILLE FL 32244**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **GENERAL FREIGHT CARGO**

**ARTICLE IV SHARES 1**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

**GESLER CHAVEZ**

Name and Title:

Address

**8052 QUEENSFERRY LN**

Address:

**JACKSONVILLE FL 32244**

**0**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

14 JUN 23 PM 2:29

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(conti.)

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: GESLER CHAVEZ  
Address: 8052 QUEENSFERRY LN  
JACKSONVILLE FL 32244

14 JUN 23 PM 2:29

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: GESLER CHAVEZ  
Address: 8052 QUEENSFERRY LN  
JACKSONVILLE FL 32244

*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*

 (GESLER CHAVEZ) 6/20/14  
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.*

 (GESLER CHAVEZ) 6/20/14  
Required Signature/Incorporator Date

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Filing Fee      Filing Fee  
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<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **GESLER CHAVEZ**  
Name (Printed or typed)  
**8052 QUEENSFERRY LN**  
Address  
**JACKSONVILLE FL 32244**  
City, State & Zip  
**904 600 8200**  
Daytime Telephone number  
**gesler19@hotmail.com**  
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Principal street address

Mailing address, if different is:

**8052 QUEENSFERRY LN**

**JACKSONVILLE FL 32244**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **GENERAL FREIGHT CARGO**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **GESLER CHAVEZ** Name and Title:

Address **8052 QUEENSFERRY LN** Address:

**JACKSONVILLE FL 32244**

**D**

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

RECEIVED  
DIVISION OF CORPORATE AFFAIRS  
14 JUN 23 PM 2:29

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Name: GESLER CHAVEZ  
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JACKSONVILLE FL 32244

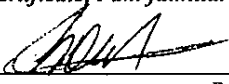
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