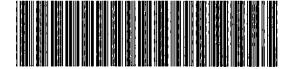
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(Re	equestor's Name)		
(Ac	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Naı	me)	
(Do	ocument Number))	
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			





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SEURE PART OF STATE
PALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: GNI	Global Logistics	s, Inc.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CC	T REQUIRED
FROM: F	anklin C. Johnso	on	
	Name	e (Printed or typed)	
15	07 S. Alexander	r St., Suite 10	2
		Address	
PI	ant City, FL 3356	63	
	City,	State & Zip	
81	3-431-1099		
	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

frank@goodnightintl.com
E-mail address: (to be used for future annual report notification)

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

The name of the corpor	ME GNI Global Logisti	cs, Inc.	Ec.	7-
	<i>INCIPAL OFFICE</i> Principal <u>street</u> address		Mailing address, if differentiation	
1507 S. Alexa	ander Street		SA MA	
Suite 102			7.	
Plant City; FL	_ 33563		ORIU)	
	RPOSE the corporation is organized is: ny and all lawful business v	vhich is all	owed under Floric	da law,
including, but	not limited to performing for	reight brok	cerage and other	
logistics servi	ces.			
		and the state of t		,
ARTICLE IV SH. The number of shares of	ARES 1.000			
The number of shares of	stock is: 11000	yer adar agar mayorid da da arab		
	TIAL OFFICERS AND/OR DIRECTOR			
Name and Titl	e: Maryjane Mackey, President		•	
Address	5160 William Mills Street	Address:		
	Jacksonville, FL 32226			
				······································
Name and Title	Robert G. Mackey, V.P.	Name and Title:	•	
Address	5160 William Mills Street	Address:		
	Jacksonville, FL 32226			
Nama and Titla	Franklin C. Johnson, Sec.	Name and Title		
Address	1507 S. Alexander Street		· <u></u>	
. 2041 033	Suite 102			
	Plant City, FL 33563			

Name ar	nd Title:	Name and Title:				
Addres	s	Address:				
ARTICLE VI The name and F	REGISTERED AGENT loridn street address (P.O. Box NOT acceptable) of Franklin C. Johnson	the registered agent is:		ALLAHASSEE.	14 JUL -2 F	10. L
Address:	1507 S. Alexander Street			- S-	PH 2:	
	Plant City, FL 33563		Ş	AIE AIE	# 1	
ARTICLE VII	INCORPORATOR			_		
The name and ad	dress of the Incorporator is:					
Name:	Franklin C. Johnson					
Address:	1507 S. Alexander St., Ste. 102					
	Plant City, FL 33563					
Having been nam this certificate, I a	ned as registered agent to accept service of process j im familiar with and accept the appointment as regis	for the above stated co stered agent and agree	rporation at the peto to act in this cap	olace d acity	lesignate	ed in
	- c do		June	27,	2014	1
	Required Signature/Registered Agent	·		Date		_
I submit this docu document to the D	ment and affirm that the facts stated herein are tr Department of State constitutes a third degree felony	ue. I am aware that t as provided for in s.81	he false informat 7.155, F.S.	ion su	bmitted	in a
	Required Signature/Incorporator		June			4
	Augunea dignature mediporator			Date	5	