

PIADUUD6A638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

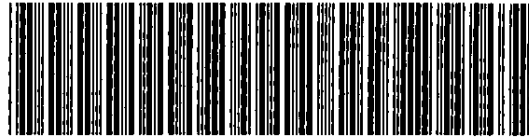
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/28/14--01052--020 **78.75

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14 JUL 28 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: CGB Trucking Co.

(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Carlos Gonzalez Govin

Name (Printed or typed)

6395 W 27th AVE APT 203

Address

Hialeah, FL 33016

City, State & Zip

786-853-5441

Daytime Telephone number

mcarla_92@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: CGB Trucking Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6395 W 27th AVE APT 203
Hialeah, FL 33016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 4

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Gonzalez Govin, Director of Operations

Address: 6395 W 27th AVE APT 203
Hialeah, FL 33016

Name and Title: Agustin Gonzalez, Director

Address: 6395 W 27th AVE APT 203
Hialeah, FL 33016

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRET
TAMLAHASSEE FL 33016

(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:

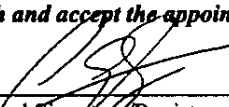
Name: Carlos Gonzalez Govin
Address: 6395 W 27th AVE APT 203
Hialeah, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mariacarla Gonzalez
Address: 6395 W 27th AVE APT 203
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

07-16-14

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

07-16-14

Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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