## Eloride Department of State Division of Corporations Horrorio Filipp Coverage

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

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## FLORIDA PROFIT/NON PROFIT CORPORATION GALVEZ TRANSPORT INC

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

MAR 1 2 2015

T. SCOTT

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

ARTICLE 1 NAME: The name of the corporation is:	
Galvez TRANSPORT	INC
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1760 NW 177 ST	
Miami FL 33/69	<del></del>
ARTICLE III SHARES. The number of chares of stock is:	
ARTICLE III SHARES: The number of shares of stock is:	<u> </u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	<b>.</b> .
Rodolfo A Quello (+	<u>ツ</u> ;
	o.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR	<del></del>
The name and Florida street address (PO Box not acceptable) of the registered a	igent is:
RODOLFO A. CUELLO	
1760 NW 127 ST	
MIAMI FL 33167	<del></del>
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	atoris:
RODOLFO A. CUELLO	
1760 NW 127 ST MIAMI FL 33167	<del></del>
MIMMI FL 30161	

01/20/2033 04:55

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## Required Signatures:

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

Regristered 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.

incorporator

Date