

P15000050224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

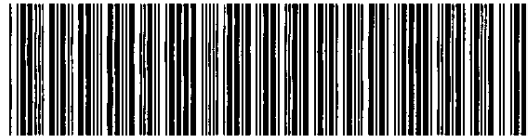
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400273721984

06/08/15--01023--005 **87.50

FILED
2015 JUN -8 PM 3:22
CLERK OF SUPERIOR COURT
ALABAMA

#005 eff 6/4
X CC 6/11/15

COVER LETTER

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

SUBJECT: GINO-TRANS 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 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: GINO DUMITRU
Name (Printed or typed)
1301 NE MIAMI GARDENS DR Apt 525 W
Address
N MIAMI FL 33179
City, State & Zip
954 608 5974
Daytime Telephone number
ginosfl@yahoo.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)

eff 1/4

ARTICLE I NAME

The name of the corporation shall be: GINO-TRANS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1301 NE MIAMI GARDENS DR
APT 525 W N MIAMI FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSPORT - Logistics -
CARRIER SERVICES.

FILED
2015 JUN -8 PM 3:22
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000 Shares of Common Stock par value \$.01 per

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gheorghe Gino Dumitru Name and Title: _____

Address 1301 NE MIAMI GARDENS DR Address: _____
APT 525 W N MIAMI
FL 33179.

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Georghe Gino Dumitru

Address: 1301 NE MIAMI GARDENS DR
APT 525 W MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Georghe Gino Dumitru

Address: 1301 NE MIAMI GARDENS DR
APT 525 W MIAMI, FL 33179

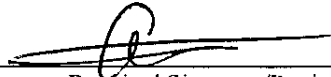
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/04/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

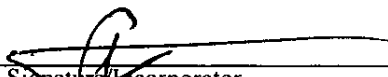
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

06/04/15
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

06/04/15
Date