

P15000095351

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

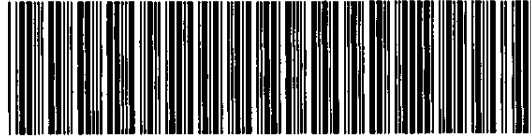
Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000279125420

11/16/15--01003--012 \*\*78.75

FILED  
2015 NOV 16 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 1 2015

## COVER LETTER

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

**SUBJECT:** GILDHARRY TRUCKING 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

<input checked="" 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:** JAIPERSAD GILDHARRY  
Name (Printed or typed)

3841 W STATE ROAD 84 APT 204  
Address

FORT LAUDERDALE FLORIDA 33312  
City, State & Zip

754 - 244 - 9682  
Daytime Telephone number

TONWATTIE@GMAIL.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: GILDHARRY TRUCKING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3841 W STATE ROAD 84 STE 204

FORT LAUDERDALE

FLORIDA 33312

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO MAKE GROUND TRANSPORTATION FOR CLIENTS.

**ARTICLE IV SHARES**

The number of shares of stock is: 300 SHARES

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

Name and Title: JAIPERSAD GILDHARRY-PRESIDENT

Address: 3841 W STATE ROAD 84 APT 204

FORT LAUDERDALE

FLORIDA 33312

Name and Title: TONIA GILDHARRY -VP

Address: 3841 W STATE ROAD 84 APT 204

FORT LAUDERDALE

FLORIDA 33312

Name and Title: TRAMAIN GILDHARRY -ASST VP

Address: 2114 N 43RD AVENUE

HOLLYWOOD

FLORIDA 33021

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
2015 NOV 16 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: TONIA GILDHARRY \_\_\_\_\_

Address: 3841 W STATE ROAD 84 APT 204 \_\_\_\_\_  
FORT LAUDERDALE FL 33312 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: SWINTON S PHILLIP \_\_\_\_\_

Address: 304 SW 85TH TERRACE APT 101 \_\_\_\_\_  
PEMBROKE PINES FL 33025 \_\_\_\_\_

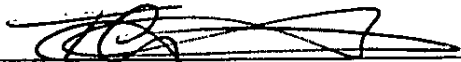
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

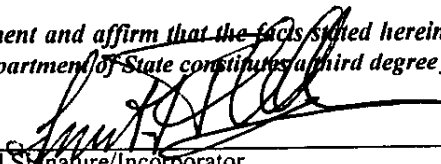


\_\_\_\_\_  
Required Signature/Registered Agent

NOV 09 2015

\_\_\_\_\_  
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

NOV 09 2015

\_\_\_\_\_  
Date