Florida Department of State Division of Corporations

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

WGF TRANSPORT INC

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N. SAMS

MAY 23 2017

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COVER LETTER

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

SUBJECT: WGF T	RANSPORT INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFLX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fæ	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	LIADNA DELGADO RODRIGUEZ Nam	e (Printed or typed)	
945	S W FLAGLER ST APT C-209		
		Address	
MI	AMI, FL 33174	•	
	City	, State & Zip	· · · · · · · · · · · · · · · · · · ·
. (78	6)797~6068		
	Daytime	Felephone number	
	E-mail address: (to be use	ed for future annual report	notification)

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 17 MAY 22 PM 3: 38

name of the corporat	ion shall be: WGF TRANSPORT INC	JENOL DARY OF STA
TICLE II PRINC 55 W FLAGLER ST AMI, FL 33174	Principal <u>street</u> address APT C-209	Mailing address, if different is: SAME ADRESS
TICLE III PURPO	SE ac corporation is organized is: ANY ANI	O ALL LAWFUL BUSINESS
TICLE IV SHARI	2 S 100	
number of shares of	L OFFICERS AND/OR DIRECTORS	
number of shares of	L OFFICERS AND/OR DIRECTORS	
number of shares of FICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS ARIADNA DELGADO RODRIGUEZ 9455 W FLAGLER ST APT C-209 MIAMI, FL 33174	P Name and Title: Address: Name and Title:
number of shares of FICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS ARIADNA DELGADO RODRIGUEZ 9455 W FLAGLER ST APT C-209 MIAMI, FL 33174	P Name and Title: Address:
Name and Title Address Name and Title Address	LOFFICERS AND/OR DIRECTORS ARIADNA DELGADO RODRIGUEZ 9455 W FLAGLER ST APT C-209 MIAMI, FL 33174	P Name and Title: Address: Name and Title:

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Name a	nd Title:	Name and Title:	SEE 11 12 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Addres	s	Address:	TALLAHASSEE, FLORI
		_	
		_	
	REGISTERED AGENT Street address (P.O. Box NOT acceptable) of	the registered agent	is:
Name:	ARIADNA DELGADO RODRIGUEZ.	-	
Address:	9455 W FLAGLER ST APT C-209		
	MIAMI, FL 33174		,
RTICLE VII	INCORPORATOR		
he <u>name and a</u>	address of the Incorporator is:		
Name:	ERIK GONZALEZ		
Address:	8660 W FLAGLER ST STE 207		
	MIAMI, FL 33144		
	EFFECTIVE DATE: 05/22/2017 fother than the date of filing:	(OPT	ional)
	date is listed, the date must be specific and cannot		
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requ	irements, this date will not be listed as
	med as registered agent to accept service of process I am familiar with and accept the appointment as reg		
	Avorage Day		05/22/2017
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are a Department of Stafe constitutes a third degree felong		
	Chulle-		05/22/2017
Reg	offed Signature incorporator		Date