From: Robert Fasiul 5/7/2020



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080

Phone : (305)603-8791

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION MG FREIGHT CORP

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Corporate Filing Menu

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

	on shall be: MG FREIGHT CORP		20 MAY - 7
A <i>RTICLE II PRINCI</i> 10050 NW 4TH LANE	IPAL OFFICE Principal <u>street</u> address	Mailing a	ddress, if different is:
MIAMI, FL 33172			
MIAMI, 1 L 33 172			
ARTICLE III PURPO The purpose for which the	SE e corporation is organized is:		
ANY AND ALL LAW	FUL PURPOSES		
ARTICLE IV SHARE	<u> </u>		
The number of shares of s	stock is: 1000		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
		NT POPIAL	
	ACCCO NIM AT LL AND		
Address	-	Address:	
	MIAMI, FL 33172	<u> </u>	
		_	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

anjul F	ax: 18775036086	To:	Fax: (850) 617-6381	Page: 3 of 3	05/07/2020 12:0
.,	t Tieler		Name and Title:		
Na	me and Itue:				
A	ddress	· · · · · · · · · · · · · · · · · · ·	Address:		
	-			···-	
	_	1		-	
A Description				,-	• •
The pame a	VI REGISTE: and Florida stree	<u>RED AGENT</u> et address (P.O. Box NOT a	eceptable) of the registered agent is	s:	20
Name:		IS A GONZALEZ DIAZ			20 HAY -7
Address:	10050 8	NW 4TH LANE			<u>, , , , , , , , , , , , , , , , , , , </u>
	MIAMI	, FL 33172			95
	*				ø,
ARTICLE	VII INCORPO	<u> PRATOR</u>			2.
The name	and address of ti	ne Incorporator is:			
Name:	MA	AIKUS A GONZALEZ DIAZ			
Addre	100 ss:	050 NW 4TH LANE			
	. М	AMI, FL 33172			
			<u> </u>		
ARTICLE	VIII EFFECT	TVE DATE:			
			c and cannot be more than five		ys after the
Note: If the	ne date inserted in ent's effective da	n this block does not meet th ite on the Department of Stat		rements, this date w	ll not be listed a
Having bee	en named as regi I am familiar wi	stered agent to accept service th and accept the appointme:	of process for the above stated con not as registered agent and agree to	rporation at the plac act in this capacity	e designated in t
Χ		N/N/		x 5	/1/20
		Required Signature/Registero	d 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.

Χ

Required Signature/Incorporator