

Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: brenda, mas @ aol. com

FLORIDA PROFIT/NON PROFIT CORPORATION GERARDO LOGISTICS INC

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT:	gerardo Logisz (PROPOSED CORPORA	nce Inc	
	(PROPOSED CORFORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an onig	ginal and one (1) copy of the arti	icles of incorporation and	a check for:
2 \$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 CO	PY REQUIRED
FROM:	Gerardo Logi	Stics Tuc. (Printed or typed)	
	1101 Miranda		1
_	Kissemmer F	C 34741 State & 21p	
<u> </u>	Daytime T	elephone number	
	E-mail address: (to be used	for future annual report n	otification)

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:	Gerardo	Logistics Ir	<u>~</u>
ARTICLEIL PRINCIPAL OFFICE Principal stress LIDI Miranda Ln Stress KISSUMMER FL 34	<u>E</u> 1 address 131 74	NOI Maili Ressum	no address, if differentis: ANGA UN SHC 131 MEL. PL 3474
ARTICLE III PURPOSE The purpose for which the corporation	is organized is:	11 lawfull	act.
ARTICLE IV SIJARES The number of shares of stock is:	1000		20 S
ARTICLE V INITIAL OFFICERS Name and Title: Ange	AND/OR DIRECTOR		· · · · · · · · · · · · · · · · · · ·
Address 1101 Mi	randa Ln	Address:	
Name and Title:		_	
		Name and Title:	_
Address		Address:	

Name and T	tle:	Name and Title:
Address	<u> </u>	Address:
ARTICLE VI RE	GISTERED AGENT on street address (P.O. Box NOT acceptable) of	of the registered agent Is:
Name:	fract Mendez	_
Address: 1	101 Miranda Cn Stc 131	_
	Kissimmer R 34741	
ARTICLE VII INC	<u>CORPORATOR</u>	
The name and addre	as of the Incorporator is:	
Name:	Hongel Mendez	_
Address:	1101 Miranda Ln Ste 1 Kissimmer FC 34741	<u>1</u> 31
	KISSIMMER FL 34741	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	er than the date of filing:	OZO
Note: If the date insthe document's effect	erted in this block does not meet the applicable tive date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been named certificate, I am fumi	as registered agent to accept service of process f lior with and accept the appointment as register	for the above stated corporation at the place designated in this reti agent and agree to act in this capacity
_ Ctar		9/24/20
	Required Signature/Registered Agent	Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are prime nt of S tate constitutes a third degree felon	e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
Com		9/20/20
Required Signature/1	ncorporator	Date