

Division Corporations

Page 1 of 1

P 20000076441

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC
Account Number : I20170C00039
Phone : (407)301-2659
Fax Number : (407)846-0320

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2020 SEP 30 AM 10:17

COVER LETTER

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

SUBJECT: Gerardo Logistics 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: Gerardo Logistics Inc
Name (Printed or typed)

1101 Miranda Ln Ste 131
Address

Kissimmee FL 34741
City, State & Zip

Daytime Telephone number

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: Gerardo Logistics Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1101 Miranda Ln Ste 131
Kissimmee FL 34741

Mailing address, if different:
1101 Miranda Ln Ste 131
Kissimmee FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all lawfull acts.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angel Mendez (President) Name and Title: _____

Address 1101 Miranda Ln Address: _____
Ste 131
Kissimmee, FL 34741

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 OCT 29 PM 1:11

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: Angel Mendez
 Address: 1101 Miranda Ln Ste 131
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Angel Mendez
 Address: 1101 Miranda Ln Ste 131
Kissimmee FL 34741

ARTICLE VIII EFFECTIVE DATE:

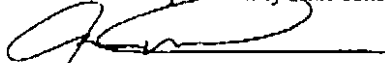
Effective date, if other than the date of filing: 9/24/2020 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ 9/24/20
 Required Signature/Registered 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.

 _____ 9/24/20
 Required Signature/Incorporator Date