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Office Use Only

CORPORAT	ION NAME(S) & DOCUME	ENT NUMBER	RS(S):
1 GCP Brown	wn Transport	Inc	
(CORPORATE NAME)		(DOCUME	NT #)
2. (CORPORATE NAME)	<u> </u>	(DOCUME	NT #)
3. (CORPORATE NAME)		(DOCUME	NT #)
☐ Walk-In X Pick	up time: Certif	ied Copy 🗌 Ce	ertificate Of Status
New Filings	Amendments		Other Filings
Profit	Amendments		Annual Report
Non-Profit	Resignation		Fictitious Name
Limited Liability	Dissolution/Withdrav	val	Apostille:
Other:	Other:	-	
Dometication			Other:

Examiners Initials	
	1

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SECRETARY OF STATE TALLAHASSEE, FL

Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned, GABRIEL L. PLAZA	P/D	
	(Name)	(Tit	ie)
$_{\sf of}$ G	SLP BROWN TRANSPORT IN	<u> </u>	, a foreign
	eration, in accordance with s. 607.11922, Florida 5 estication.		
1.	Then name of the domesticating corporation is	GLP BROWN	TRANSPORT INC
		(Foreig	gn Corporation)
2.	The jurisdiction and date of its formation is	EORGIA	11/21/2018
3.	The name of the domesticated corporation is		
4.	The jurisdiction of formation of the domesticate	ed corporation	is Florida
5.	The domestication corporation is a foreign corpapproved in accordance with its organic law.	oration and the	e domestication was
	Attached are Florida Articles of Incorporation to requirements pursuant to s.607.0202, F.S.	7	
l certil	ify I am authorized to sign these Articles of Domes (Authorized)	d Signature)	half of the corporation.

SECRETARY 15 STATE TALLAHADDEE, FL

ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE	"
GLP BROWN TRANSPORT INC	
ARTICLE II PRINCIPAL OFFIC	<u>Ce</u>
THE PRINCIPAL PLACE OF BUSINESS/MAILIN	IG ADDRESS IS:
Principal Address 60 WESTMORELAND DR.	Mailing Address 60 WESTMORELAND DR.
PALM COAST, FL 32164	PALM COAST, FL 32164
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORAT ANY AND ALL LAWFUL BUSINESS	TON IS ORGANIZED:
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: SH	-(ARES 100
ARTICLE VI REGISTERED	AGENT AND STREET ADDRESS
	SS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
GABRIEL L. PLAZA	
60 WESTMORELAND DR.	
PALM COAST, FL 32164	
ABOVE STATED CORPORATION AT THE PI	AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE LACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR S REGISTERED AGENT AND AGREE TO ACT IN THIS
6-11	12/15/2020
Signature / Registered Agent	Date (

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title:	GABRIEL L. PLAZA (D)	Name & Title:		_
Address:	60 WESTMORELAND DR.	Address:		_
	PALM COAST, FL 32164			-
Name & Title:		Name & Title:		-
Address:		Address:		-
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Name & Title:		Name & Title:		•
Address:		Address:		

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree falony as provided for th s.817.255.2.S.

Signature/Authorised Person