

9/9/2021

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**P2100033921**

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

(((H21000333921 3)))



H2100033392134BCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
 Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
 Account Number : 128000000146  
 Phone : (305)444-4994  
 Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

# FLORIDA PROFIT/NON-PROFIT CORPORATION

## CHG LOGISTIC DESIGN, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 SEP -9 PM 3:50

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CHG LOGISTIC DESIGN, INCARTICLE II PRINCIPAL OFFICEPrincipal street address4466 ALTON RD  
MIAMI BEACH, FL 33140

Mailing address, if different is:

4466 ALTON RD  
MIAMI BEACH, FL 33140ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: SHARES: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CARLOS HUGO GUTIERREZ - P

Name and Title: \_\_\_\_\_

Address

4466 ALTON RD

Address: \_\_\_\_\_

MIAMI BEACH, FL 33140

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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: CARLOS HUGO GUTIERREZ  
Address: 4466 ALTON RD  
MIAMI BEACH, FL 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CARLOS HUGO GUTIERREZ  
Address: 4466 ALTON RD  
MIAMI BEACH, FL 33140

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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:*

C. H. Gutierrez  
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.*

C. H. Gutierrez  
Required Signature/Incorporator

Date \_\_\_\_\_

RECEIVED  
SEP 9 2021  
11:10:33