

P2300000536
Florida Department of State
Division of Corporations
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2023 JAN 24 11:12:03

**FLORIDA PROFIT/NON PROFIT CORPORATION
CGI LOGISTICS SA DE CV CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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2023 JAN 24 PM 1:51
FLORIDA STATE

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: CGI LOGISTICS SA DE CV CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1309 W ROSEWOOD AVE SAINT CLOUD, FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANKLIN JOSE TARACHE (P) Name and Title: _____

Address 1309 W ROSEWOOD AVE Address: _____

SAINT CLOUD, FL 34771 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2023 JAN 21 PM 1:51
STATE OF FLORIDA

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: FRANKLIN JOSE TARACHE
Address: 1309 W ROSEWOOD AVE
SAINT CLOUD, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANKLIN JOSE TARACHE
Address: 1309 W ROSEWOOD AVE
SAINT CLOUD, FL 34771

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 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature-Incorporator _____ Date _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA