Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	G+PTrucking of Ocala, Inc			
	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a chec	ck for :
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☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	

Daytime Telephone number



NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business ORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GFP Trucking of Ocala, Inc

The principal place of business and mailing address of this corporation shall be:

14132 SE 203rd Ave

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100! Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Gloria Robinson 1413058 20 3rd Ave Unatilla 7132784

INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

1413258203rd Ave

April Robinson 1413ass 203rd tue Umatilla 7132784

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICESECRETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is G+P Trucking Of Ocala, Inc.
2. The name and address of the registered agent and office is:
GIDRIC ROBINSON (NAME)
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)
Umatilla 71 30784 (CITY/STATE/ZIP)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
SI OLLO ROBUSON 11-19-98 (DATE)