

P/60000 55417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

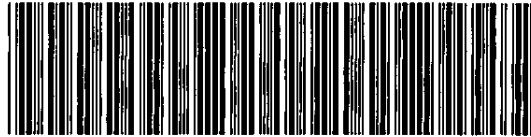
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 05 2016

T. SCOTT



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16 JUN 27 AM 11:30

RECEIVED
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: JC e me transport 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robson Dasilva
Name (Printed or typed)

 1410 Tyronne Blvd N.
Address

 St. Petersburg, FL 33710
City, State & Zip

 813-477-9222
Daytime Telephone number

 genferd@gmail.com
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: JC e Me transport Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Robson Dasilva
1410 Tyone Blvd
St. Petersburg, FL 33710

Mailing address, if different is:
P.O. Box 3088
Pine Hills Park, FL
33780

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transport vehicles

ARTICLE IV SHARES

The number of shares of stock is: 1500 Common Shares for value \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robson Dasilva / President Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 JUN 27 AM 11:30
PROSTATE COUNTY
CLERK OF COUNTY

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: Robson Dasilva
Address: 1410 Tyone Blvd n.
St. Petersburg, FL 33710

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robson Dasilva
Address: 1410 Tyone Blvd n.
St. Petersburg, FL 33710

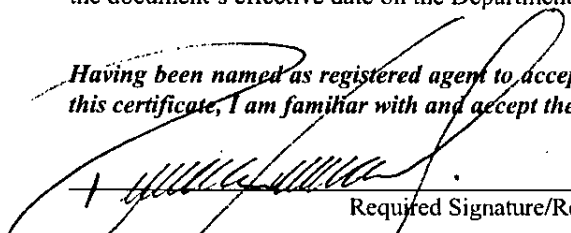
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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.

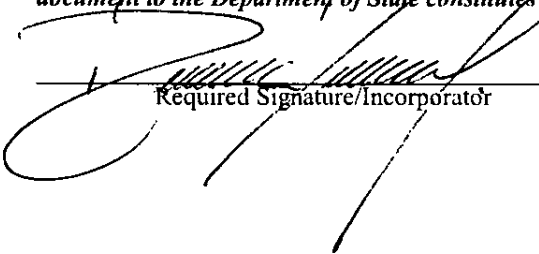
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

06-21-2016
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.



Required Signature/Incorporator

06-21-2016
Date