

P12000083415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

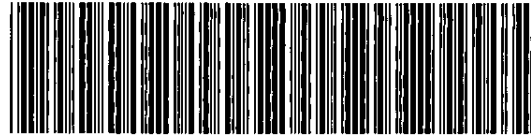
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Valentine Alexander*  
GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article IV & V*  
DATE *10/2/12*  
DOC. # *1175*

Office Use Only



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10/01/12--01034--009 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT -1 PM 12:08

FILED

*MRS*  
*10/2/12*

**COVER LETTER**

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

**SUBJECT: Juba E&G Transportation 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Valentine Alexander  
Name (Printed or typed)

4430 nw171 terrace  
Address

Miami florida 33055  
City, State & Zip

7863460255  
Daytime Telephone number

valjuba@aol.com /karenamcc58@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** Juba E&G Transportation INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4430 nw 171 terr  
Miami Garden, FL 33055

**FILED**  
12 OCT -1 PM 12:08  
Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Transportation of goods

**ARTICLE IV SHARES**  
The number of shares of stock is 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Valentine Alexander-director</u>	Name and Title: _____
Address: <u>4430 nw 171 terr</u>	Address: _____
<u>Miami Garden FL 33055</u>	_____
_____	_____
Name and Title: <u>Karena Griffiths- VP</u>	Name and Title: _____
Address: <u>11401 Martin Luther King</u>	Address: _____
<u>St. North apt#1710</u>	_____
<u>St Petersburg, FL 33716</u>	_____
_____	_____
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: Valentine Alexander  
Address: 4430 nw 171 terr  
Miami Garden FL 33055

**ARTICLE VII INCORPORATOR**  
The **name and address** of the Incorporator is:  
Name: Valentine Alexander  
Address: 4430 nw 171 terr  
Miami FL 33055

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

Valentine Alexander Required Signature/Registered Agent  
9/27/12 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.

Valentine Alexander Required Signature/Incorporator  
9/27/12 Date