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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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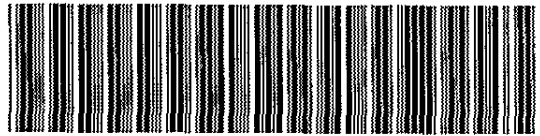
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Services
JJB TRUCKING SVCS & SHIPPING CORP
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

BERTHA TRIMINIO

(Name of Person)

Services
JJB TRUCKING SVCS & SHIPPING CORP
(Firm/Company)

1470 NW 107 AVE, SUITE A

(Address)

MIAMI, FLORIDA, 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

BERTHA TRIMINIO

(Name of Person)

at (908) 966-6905

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA: SERVICES

1. **JJB TRUCKING SVCS & SHIPPING CORP**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **NEW JERSEY**

(State or country under the law of which it is incorporated)

3. **22-3377101**

(FEI number, if applicable)

4. **JULY 17, 1995**

(Date of Incorporation)

5.

(Duration: Year corp. will cease to exist or "perpetual")

6. **ASAP**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **1470 NW 107 AVENUE, SUITE A, MIAMI, FLORIDA 33172**

(Principal office address)

SAME

(Current mailing address)

8. **SHIPPING CONTAINER TO OTHER COUNTRIES**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Betha Trimini

Office Address: 3470 A NW 107 ave

Miami, Fla

(City)

Florida

33172

(Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG - 2 PM 3:45

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10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Betha Trimini

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BERTHA TRIMINIO

Address: 327 N. BROAD ST
ELIZABETH, N J, 07208

Vice President: JULIO C MADRID

Address: 327 N. BROAD ST
ELIZABETH, N J, 07208

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Bertha Triminio

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bertha Triminio

(Typed or printed name and capacity of person signing application)

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SECRET
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

JJB TRUCKING SERVICES CORP & SHIPPING

0100628381

With the Previous or Alternate Name

J.J.B. TRUCKING SERVICE CORPORATION (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 30, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

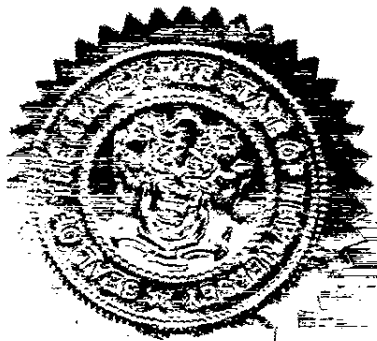
I further certify that the registered agent and registered office are:

Bertha Triminio
333 N Broad St
Elizabeth, NJ 07208 0000

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

JJB TRUCKING SERVICES CORP & SHIPPING



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
8th day of August, 2006

Bradley Abelow

Bradley Abelow
State Treasurer