# F23000004629

(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:

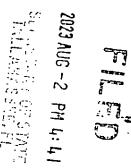




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08/02/23--01018--018 \*\*70.00

08/02/23--01018--019 \*\*750.00







## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1). Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Info mation About the Requirement to File an Annual Report
  All Profit Corporations must file an Annual Report yearly to maintain "active"
  status. The first report is due in the year following formation. The report must be filed
  electronically online between January 1st and May 1st. The fee for the annual report is
  \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
  Report Reminder Notices" are sent to the e-mail address you provide us when you submit
  this document for filing. To file any time after January 1st, go to our website at
  www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section. Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

## **COVER LETTER**

	egistration Section ivision of Corporations							
SUBJEC	T: J&G Logistics, Inc.							
Name of corporation - must include suffix								
Dear Sir o	or Madam:							
"Certificat	sed "Application by Foreign Co te of Existence," or "Certificate crenced foreign corporation to tr	of Good Standin	g" and check are subn					
Please reti	urn all correspondence concerni	ng this matter to	the following:					
Mitienne Jo	eanty							
		Name of Per	son					
J&G Logis	itics, Inc.							
		Firm/Compai	iỳ					
7750 Okee	chobee Blvd, Ste 4-586							
		Address						
West Palm	Beach, FL 33411							
		City/State and	Zip code					
mitienneje	anty@gmail.com							
	E-mail address	: (to be used for	future annual report no	otification)				
For furthe	r information concerning this m	atter. please call:						
Kimberly Ortuno-Fang 954 at ( )			797-5060					
	Jame of Person	Area Code	Daytime Teleph	one Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please mak	is a check for the following amo te check payable to: FLORIDA DE Filing Fee	EPARTMENT OF \$1 STATES   STATE	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filling Fee, Certificate of Status & Certified Copy				

under the law of which it is incorporated.

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l						_			
	orporation; must include "INCORPORA" orp," "Inc." "Co," or "Corp.")	TED," "COMPANY," "CORP	ORATION,"						
JagEx									
(If name unavail	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
Wyoming		33.	83-3041951						
(State or countr	y under the law of which it is incorporate	(FEI nur	(FEI number, if applicable)			-			
1/07/2019		5							
(Date	of incorporation)	5. (Date of duration	n, if other than	perpetual	)	-			
1/07/2019									
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6	ness in Florida, if prior to registr 507.1502, F.S., to determine pen				_			
7750 Okeechobee	Blvd., Ste 4-586 West Palm Beach, FL	33411							
·	·					_			
	(Principa	al office <u>street</u> address)							
	(Principa	al office <u>street</u> address)							
		al office <u>street</u> address) nailing address, if different)							
3. Name and stre		nailing address, if different)	)						
	(Current r	nailing address, if different)	)						
Name:	(Current ret address of Florida registered agent:  Mitienne Jeanty	nailing address, if different)	)						
Name:	(Current rest address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586	nailing address, if different)  (P.O. Box <u>NOT</u> acceptable							
Name:	(Current rest address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586	nailing address, if different)  (P.O. Box <u>NOT</u> acceptable							
Name:	(Current rest address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586	nailing address, if different)		SE	2023				
Name: Office Address:	(Current restaudatess of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586  West Palm Beach  (City)	nailing address, if different)  (P.O. Box <u>NOT</u> acceptable		SECUL	2023 AU				
Name: Office Address:  9. Registered ag Having been nan	(Current rest address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586  West Palm Beach  (City)  ent's acceptance:  ned as registered agent and to accept	(P.O. Box NOT acceptable  Florida 33411  (Zip cod	de) ove stated con	CONT.	2023 AUG	PUCC			
Name: Office Address:  9. Registered ag Having been nan designated in this	(Current rest address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586  West Palm Beach  (City)  ent's acceptance: and as registered agent and to accept to application, I hereby accept the app	nailing address, if different)  (P.O. Box NOT acceptable)  , Florida 33411  (Zip cod service of process for the absointment as registered agent	de) ove stated con t and agree to	aci in th	its cape	iclty. I			
Name: Office Address:  Registered ag Having been nan designated in this further agree to c	(Current rest address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586  West Palm Beach  (City)  ent's acceptance:  and as registered agent and to accept to application, I hereby accept the applications of all status	nailing address, if different)  (P.O. Box NOT acceptable)  Florida 33411  (Zip codservice of process for the absointment as registered agentates relative to the proper and	de) ove stated con t and agree to d complete pe	aci in the erforman	itiscupa icu∋f n =3€	iclty. I			
Name: Office Address:  Office Address:  Office Address:  Office Address:  Office Address:  Office Address:  Name:  Office Address:  Name:  Office Address:  Name:  Name: N	(Current rest address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586  West Palm Beach  (City)  ent's acceptance: and as registered agent and to accept to application, I hereby accept the app	nailing address, if different)  (P.O. Box NOT acceptable)  Florida 33411  (Zip codservice of process for the absointment as registered agentates relative to the proper and	de) ove stated con t and agree to d complete pe	aci in th	itiscupa icu∋f n =3€	iclty. I			
Name: Office Address:  Registered ag Having been nan designated in this further agree to c	(Current of the address of Florida registered agent:  Mitienne Jeanty  7750 Okeechobee Blvd., Ste 4-586  West Palm Beach  (City)  ent's acceptance: and as registered agent and to accept the application, I hereby accept the applications of all status with and accept the obligations of n	nailing address, if different)  (P.O. Box NOT acceptable)  Florida 33411  (Zip codservice of process for the absointment as registered agentates relative to the proper and	de) ove stated con t and agree to d complete pe	aci in the erforman	its cape	iclty. I			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

10. 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

## DocuSign Envelope ID: 6E71DB89-9DF5-41EB-BDE9-0D9617F3D496 A. DIRECTORS

□Chairman	Mitienne Jeanty Name:	□Chairman	Name:					
□Vice Chairman	7750 Okeechobee Blvd. Ste 4-586	□Vice Chairman	Address:					
□Director	West Palm Beach, FL 33411	□Director						
President		□President						
□Vice President		□Vice President						
□Secretary	☐Treasurer	□Secretary		☐Treasurer				
□Other	Other	□Other		□ Other				
□Chairman	Name:	□Chairman	Name:					
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
President		□President						
□ Vice President		□Vice President						
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer				
□Other	Other	Other		Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary		□Treasurer				
□Other	Other	Other		□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals mass mass mass of a superstant of State Annual Report form.  **Title Company Compa								

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Mitienne Jeanty, Presdient

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### J&G LOGISTICS INC.

is a

## **Profit Corporation**

formed or qualified under the laws of Wyoming did on **January 7**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000835432**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of June, 2023 at 10:52 AM. This certificate is assigned ID Number 062492531.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.