TRANSMITTAL LETTER

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

SUBJECT: W.	M.J. Corporation, I. (PROPOSED CORPORA)	ne. Te name – <u>Must Incl</u>	UDE SUFFIX)	<u></u>	्रा १ वर्षेत्र ६
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and	a check for:		
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Maria Rosell B Name (Pr	riceno inted or typed)	TALLAHA	O MAR	
		GCL ddress	SSEE, F	5	
	Hialeah, FL 3	30/8 State & Zip	STATE LORIDA	# D	
	305-556-4065 Daytime Te	lephone number	20000379: -03/06/01- *****78 7		

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

Maria Bricero GAVE
AUTHORIZATION BY PHONE TO
CORRECT APT. I, II & VIII
DATE 3/5
DOC FXAM KR

18/19

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:
W. M. J. DELIVERY SERVICES, INC.
W.M.J. DELIVERY SERVICES, INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
3590 W-71 Terrale
thalean, FL 33018
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
CARGO DELIVERY SERVICES
ARTICLE IV SHARES
The number of shares of stock is: 500
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)
The name(s) and address(es):
ADTICLE III DEGLECTEDED A CELT
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
Maria Rosell Briceno
Hialeah, FL 33018
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Maria Briceno
3590 W. 71 Terrace
Hialean, FL 33018

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
Kenther Scecen 02-28-01
Signature/Registered Agent/Incorporator Date