

P04000094524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

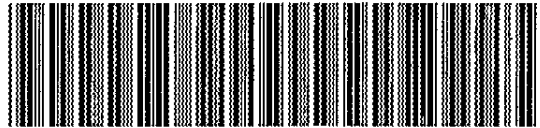
(Business Entity Name)

(Document Number)

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06/21/04--01039--015 **78.75

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04 JUN 21 PM 1:44
STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: J.B. CARTAGE, 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: WILLIAM JACKSON

Name (Printed or typed)

1842 LEAFY RD

Address

PORT SAINT LUCIE, FL 34953

City, State & Zip

772-812-6430 OR 772-260-7556

Daytime Telephone number

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:

J.B. CARTAGE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1842 LEAFY RD PORT SAINT LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OFFER TRUCKING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WILLIAM JACKSON

1842 LEAFY RD

PORT SAINT LUCIE, FL 34953

PRESIDENT

WILLIAM JACKSON

1842 LEAFY RD

PORT SAINT LUCIE, FL 34953

SECRETARY

WILLIAM JACKSON

1842 LEAFY RD

PORT SAINT LUCIE, FL 34953

TREASURER

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WILLIAM JACKSON 1842 LEAFY RD PORT SAINT LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM JACKSON 1842 LEAFY RD PORT SAINT LUCIE, FL 34953

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

William Jackson
Signature/Registered Agent

6/16/04
Date

William Jackson
Signature/Incorporator

6/16/04
Date

FILED
04 JUN 21 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA