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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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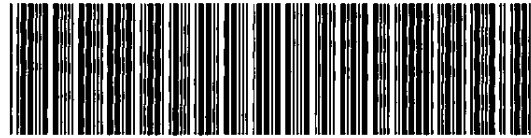
(Business Entity Name)

(Document Number)

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

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2010 OCT 28 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 02 2010

*J.M.F.*  
**J.M.F. TRANSPORTAION, INC**  
**9363 FONTAINBLEAU BLVD # H231**  
**MIAMI, FL 33172**

*PO 90000 54885*

10/20/2010

I, JOSUE FLORES, PRESIDENT OF THE CORPORATION J.M.F. TRANSPORTATION, INC , AM  
STATING THAT I WOULD LIKE TO CLOSE THE CORPORATION

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME AT 1305-307-2941

SINCERELY,



JOSUE FLORES  
PRESIDENT  
J.M.F. TRANSPORTATION, INC



MARYSOL ROCA  
MY COMMISSION # DD 854871  
EXPIRES: February 9, 2013  
Bonded Thru Budget Notary Services

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: J. M. F. 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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Jose Flores  
Name (Printed or typed)  
12330 SW 253<sup>rd</sup> T  
Address  
Homestead, FL 33032  
City, State & Zip  
305-257-0256  
Daytime Telephone number  
J Flores368@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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.M.F. Transportation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12330 SW 253rd  
Homestead, FL  
33032

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jose Flores - Pres. Name and Title: \_\_\_\_\_

Address: 12330 SW 253rd Address: \_\_\_\_\_  
Homestead FL 33032

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Jose Flores

Address: 12330 SW 253rd  
Homestead, FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jose Flores

Address: 12330 SW 253rd  
Homestead, FL 33032

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

Required Signature/Registered Agent

10-26-10

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.

Required Signature/Incorporator

10-26-10

Date

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