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COVER LETTER

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

SUBJECT: MAJOY Trucking, INC	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:	l
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
	SECONOMICS
FROM: Jobanny A Gonzaluz Name (Printed or typed)	9183 Fig. 183 Fig. 18
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naples & 34117	TATE ATTONS
(239) 253-0343	
Daytime Telephone number MANOV TVUCKING CHOT M. E-mail address: (to be used for future annual seport notification)	nAIL.COM

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



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DIVISION OF CORPORATION

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2012

JOBANNY A GONZALEZ 3716 LOYOLA DRIVE #126 KENNER, LA 70065

SUBJECT: MAYOR TRUCKING, INC.

Ref. Number: W12000006231

We have received your document for MAYOR TRUCKING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The registered agent must have a Florida street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 312A00003677

JIVISHIN IF CORPORATION

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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: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Transportation ARTICLE IV SHARES The number of shares of stock is: ARTICLE V 701-ZAL Faine and Title: Name and Title: Address: ddress: 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 M NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of Name: Address: 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 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