P12000033613

(Requestor's Name)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4200-
W12000007383

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -5 PM 1:26

4/9/12

COVER LETTER

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

SUBJECT: _____
(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: Christopher L Jones SR
Name (Printed or typed)

2005 Sunnyland LN
Address

Naples, FL 34116
City, State & Zip

239-200-5240
Daytime Telephone number

CJINABI567@Yahoo.com
E-mail address: (to be used for future annual report notification)

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

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12 APR -5 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2012

CHRISTOPHER LATTORRENCE JONES SR.
POST OFFICE BOX 991066
NAPLES, FL 34116

SUBJECT: A.C.J TRANPORTATION SERVICE INC
Ref. Number: W12000007383

We have received your document for A.C.J TRANPORTATION SERVICE 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):

You failed to make the correction(s) requested in our previous letter.

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

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 712A00008503

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DIVISION OF CORPORATIONS
12 APR -5 PM 1:26

850 245-6008 6804

RECEIVED
12 MAR -2 AM 11:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2012

CHRISTOPHER LATTORRENCE JONES SR.
POST OFFICE BOX 991066
NAPLES, FL 34116

SUBJECT: A.C.J TRANSPORTAION SERVICE INC
Ref. Number: W12000007383

We have received your document for A.C.J TRANSPORTAION SERVICE 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.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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: 112A00005248

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME A.C.J Transportation Service INC. of Naples
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
2005 Sunnyland Lane #8
Naples, FL 34116

Mailing address, if different is:
Mr. Christopher L. Jones Sr
P.O. Box 991066
Naples, FL 34116

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

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ARTICLE IV SHARES
The number of shares of stock is: 25

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. Christopher L. Jones Sr
Address: 2005 Sunnyland Lane #8
Naples, FL 34116

Name and Title: Mr. Christopher L. Jones Sr
Chief, President
Address: 2005 Sunnyland Lane #8
Naples, FL 34116

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: (SELF) Mr. Christopher L. Jones Sr
Address: 2005 Sunnyland Lane #8
Naples, FL 34116

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: (SELF) Mr. Christopher L. Jones SR
Address: 2005 Sunnyland Lane #8
Naples, FL 34116

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 — 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 — Date