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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
JKC TRANSPORTATION, INC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: JKC 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: BARINAS & ASSOCIATES, INC

Name (Printed or typed)

5701 NW0 36 ST

Address

MIAMI, FL 33156

City, State & Zip

305-871-0889

Daytime Telephone number

BARINASB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

**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** JKC TRANSPORTATION, INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
10215 SW 24 ST. APT A201  
MIAMI, FL 33165

Mailing address, if different is:  
2008 BEARCLAW DRIVE  
GOOSE CREEK, SC 29445

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title: PRESIDENT  
Address: REGINA AGUILERA  
2008 BEARCLAW DRIVE  
GOOSE CREEK, SC 29445

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

Name and Title: VICE PRESIDENT  
Address: JOSE RAFAEL ZUNIGA  
2008 BEARCLAW DRIVE  
GOOSE CREEK, SC 29445

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: REGINA AGUILERA  
Address: 10215 SW 24 ST. APT A201  
MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: REGINA AGUILERA  
Address: 2008 BEARCLAW DRIVE  
GOOSE CREEK, SC 29445

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

REGINA AGUILERA  
Required Signature/Registered Agent

02/16/2013  
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.

REGINA AGUILERA  
Required Signature/Incorporator

02/16/2013  
Date

FILED  
13 FEB 21 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA