

P13000079307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

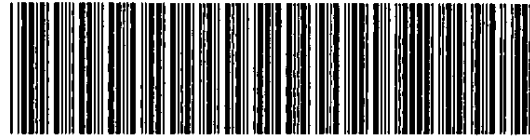
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 23 AM 7:36

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W13-50534

## COVER LETTER

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

SUBJECT: **Jasmine Transportation Solutions Corp.**

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **Frances Mendez**

Name (Printed or typed)

**2791 Florida Mango Rd Apt#309**

Address

**Lake Worth FL 33461**

City, State & Zip

**561-713-9208**

Daytime Telephone number

**jastrans4@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**

The name of the corporation shall be: Jasmine Transportation Solutions Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2791 Florida Mango rd #309  
lake worth fl 33461

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transportation

**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

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

Name and Title: Frances Mendez-President

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

Address 2791 florida mango rd #309  
Lake worth fl 33461

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 23 AM 7:36

(conti.)

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: Frances Mendez

Address: 2791 florida mango rd #309

lake worth fl 33461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Frances Mendez

Address: 2791 florida mango rd #309

lake worth fl 33461

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*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

09/19/13  
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

09/19/13  
Date