

PI4000076028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

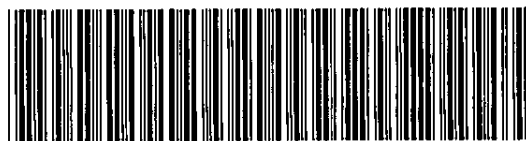
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263152778

09/15/14--01003--015 **315.00

RECEIVED
14 SEP 15 AM 10:58
DIVISION OF INCORPORATION

FILED
14 SEP 15 AM 8:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 9/16



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

FILED
14 SEP 15 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Marajh Transport, Inc.
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☒ Pick up time: 1 ☒ Certified Copy ☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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: MARAJH TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

251 NW 177 STREET

APT 111

MIAMI GARDENS, FL 33169

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CLERK OF DISTRICT COURT
MIAMI

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: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NEILA MARAJH (P/D)

Name and Title: _____

Address 251 NW 177 STRRET

Address: _____

APT 111

MIAMI GARDENS, FL 33169

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: NEILA MARAJH

Address: 251 NW 177 STREET APT 111

MIAMI GARDENS, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NEILA MARAJH

Address: 251 NW 177 STREET APT 111

MIAMI GARDENS, FL 33169

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TALLAHASSEE, FLORIDA

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

Neila Marajh
Required Signature/Registered Agent

09/12/2014

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.

Neila Marajh
Required Signature/Incorporator

09/12/2014

Date