P14000089014

(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECHETARY OF STATE



144

COVER LETTER

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

SUBJECT: J.E.	M.'s Trucking inc	C.	
***************************************	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM: Jo	ose E. Moreno	e (Printed or typed)	·
Ρ.	O.BOX 150705		
		Address	
<u>C</u> :	ape Coral FI, 339		
	•	State & Zip	
23	39-898-5994		
		elephone number	
<u>lili</u>	anmoreno53@gma	il.com ed for future annual report	notification)
	E-man address, (to be use	a for future annual report	nouncation)

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



September 22, 2014

JOSE E. MORENO P.O. BOX 150705 CAPE CORAL, FL 33915

SUBJECT: J.E.M.'S TRUCKING INC. Ref. Number: W14000057984

We have received your document for J.E.M.'S TRUCKING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 914A00020306



ARTICLES OF INCORPORATION 14 0CT 30 PM 2: 07

CLE I NA	AME J.E.M.'s Trans	port inc.	SECRETARY OF STATI
	RINCIPAL OFFICE		
) NIM/ 10	Principal street address		ailing address, if different is:
NW 18			OX 150705
pe Cora	I FI,		Coral FI,
993		33915	5
CLE III PU	repose In the corporation is organized is:	rovide trans	portation service
			
	1-14-14-14-14-14-14-14-14-14-14-14-14-14		
CLE IV SF	LARES 1		
imber of shares of the contract of the contrac	of stock is: ITIAL OFFICERS AND/OR DIRECTS		
CLE V IN	of stock is: ITTIAL OFFICERS AND/OR DIRECTS tle: Jose E. Moreno Owner	Name and Title:	
imber of shares of the contract of the contrac	TITIAL OFFICERS AND/OR DIRECTO tle: Jose E. Moreno Owner P.O.BOX 150705		
CLE V IN	of stock is: ITTIAL OFFICERS AND/OR DIRECTS tle: Jose E. Moreno Owner	Name and Title:	
CLE V IN Name and Ti Address	TITIAL OFFICERS AND/OR DIRECTOR tle: Jose E. Moreno Owner P.O.BOX 150705 Cape Coral FI, 33915	Name and Title:Address:	
CLE V IN Name and Ti Address	TITIAL OFFICERS AND/OR DIRECTO tle: Jose E. Moreno Owner P.O.BOX 150705 Cape Coral FI, 33915	Name and Title: Address: Name and Title:	
CLE V IN Name and Ti Address	TITIAL OFFICERS AND/OR DIRECTOR tile: Jose E. Moreno Owner P.O.BOX 150705 Cape Coral FI, 33915	Name and Title: Address: Name and Title: Address:	
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CLE V IN Name and Ti Address Name and Tit Address	TITIAL OFFICERS AND/OR DIRECTY tle: Jose E. Moreno Owner P.O.BOX 150705 Cape Coral FI, 33915	Name and Title: Address: Name and Title: Address: Name and Title:	

(conti.)



Name and	d Title:	Name and Title:	14 OCT 30 PM 2: 07
Address		Address:	
		_	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent	is:
Name:	Jose E Moreno		
Address:	500 Nw 18th Ave Cape Coral FI, 33993		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Jose E Moreno		
Address:	P.O.BOX 150705 Cape Coral FI, 33915		
Having been nan this certificate, I a	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated istered agent and ag	d corporation at the place designated in gree to act in this capacity 09/66/2014
I submit this document to the I	Required Signature/Registered Agent ument and affirm that the facts stated herein are a Department of State constitutes a third degree felony Required Signature/Incorporator	true. I am aware the as provided for in	Date nat the false information submitted in a s.817.155, F.S. 09/06/2014 Date
	1		