

P150000D 11555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

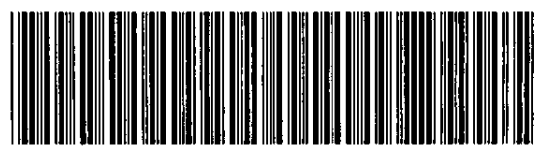
(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE CLERK
STATE OF TEXAS

COVER LETTER

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

SUBJECT: NJC PART SERVICER CORPORATION
(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: JOHN ALARCON
Name (Printed or typed)
15969 N.W. 64TH AVE, #110
Address
MIAMI LAKES, FL. 33014
City, State & Zip
786 586-1849
Daytime Telephone number
JALARCON@KGLOGISTICS.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 NJC PART SERVICER CORPORATION
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 15969 N.W. 64TH AVE, #110
MIAMI LAKES, FL. 33014
Mailing address, if different is: SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PURCHASE AGENT FOR OVERSEAS TRADE.

ARTICLE IV SHARES 500 - Par Value
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JOHN ALARCON - PRESIDENT</u>	Name and Title:	_____
Address	<u>15969 N.W. 64 AVE, #110</u> <u>MIAMI LAKES, FL. 33014</u>	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

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STATE OF FLORIDA
SECRETARY OF STATE

(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: MONICA ALARCON
 Address: 15969 N.W. 64 AVE #110
MIAMI LAKES, FL. 33014

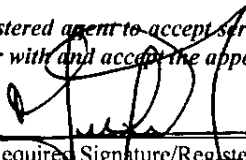
15 JAN 26 PM 12:10
 9 11 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
 2015

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOHN ALARCON
 Address: 15969 N.W. 64 AVE #110
MIAMI LAKES, FL. 33014

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

01/21/2015

 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

01/21/2015

 Date