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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-13-15

## COVER LETTER

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

SUBJECT: J L C Diesel Truck Service , I N C .  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Jeneice A Mote  
Name (Printed or typed)

4659 Highway Ave  
Address

Jacksonville, Florida 32254  
City, State & Zip

904-647-6754  
Daytime Telephone number

jtitaxservice@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: J L C Diesel Truck Service, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

J L C Diesel Truck Service, INC  
7075-8 12th Street West  
Jacksonville, Florida 32220-2858

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all Lawful Business

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Jai Prakash Maharaj, President

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

Address 6548 Arrowroot Drive  
Jacksonville, Florida 32244

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

Name and Title: Lorriane Smith Maharaj, Vice President

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

Address 6548 Arrowroot Drive  
Jacksonville, Florida 32244

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

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Jeneice Mote

Address: 4659 Highway Avenue  
Jacksonville, Florida 32254

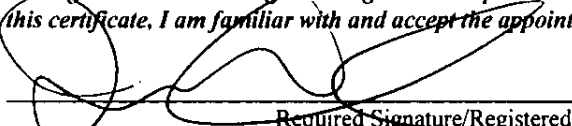
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jai Prakash Maharaj


Address: 6548 Arrowroot Drive  
Jacksonville, Florida 32244

*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

2/4/2015  
\_\_\_\_\_  
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

2/4/2015  
\_\_\_\_\_  
Date