

P15000018051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

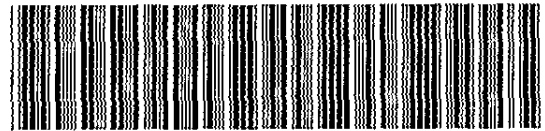
(Business Entity Name)

(Document Number)

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

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02/23/15--01010--008 \*\*78.75

**FILED**  
**Feb 23, 2015 08:00 AM**  
**Secretary of State**

Replacement articles, the original articles were not archived  
SPT 9-2-15

**COVER LETTER**

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

**SUBJECT:** A & J TRANSPORTATION OF CENTRAL FLORIDA INC

(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:** JUSTINO PENA

Name (Printed or typed)

9025 SAVANNAH JULIP LN

Address

ORLANDO FLORIDA 32832

City, State & Zip

772-418-1028 772-418-0917

Daytime Telephone number

anampena@bellsouth.net

E-mail address: (to be used for future annual report notification)

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

**FILED**  
**Feb 23, 2015 08:00 AM**  
**Secretary of State**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** A & J TRANSPORTATION OF CENTRAL FLORIDA INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

9025 SAVANNAH JULIP LN

ORLANDO FLORIDA 32832

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE TRANSPORTATION FOR PASSENGERS OR PATIENTS

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

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

Name and Title: JUSTINO PENA / CEO Name and Title:

Address 9025 SAVANNAH JULIP LN Address:

ORLANDO FLORIDA 32832

Name and Title: ANA PENA / COO Name and Title:

Address 9025 SAVANNAH JULIP LN Address:

ORLANDO FLORIDA 32832

Name and Title: Name and Title:

Address Address:

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: JUSTINO PENA  
Address: 9025 SAVANNAH JULIP LN  
ORLANDO FLORIDA 32832

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUSTINO PENA  
Address: 9025 SAVANNAH JULIP LN  
ORLANDO FLORIDA 32832

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

SEPTEMBER 1, 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

SEPTEMBER 1, 2015

Date