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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2015
W PAINTER

COVER LETTER

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

SUBJECT: M J C TRANS COM, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael James Cope

Name (Printed or typed)

12242 Glen Hollow Dr.

Address

Jacksonville, FL 32226

City, State & Zip

239-908-7515

Daytime Telephone number

mjcacs@msn.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: M J C TRANS COM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3380 21st Ave SW

Naples, FL 34117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRUCKING COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Cope, president

Name and Title: Michele Jennifer Cope, VP

Address 12242 Glen Hollow Dr.

Address: 2502 Achcroft Circle

Jacksonville, FL 32226

Lake, MI 48632

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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15 JUL -6 AM 10:24
SECRETARY OF STATE
ALABAMA, FLORIDA

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: Michael James Cope

Address: 12242 Glen Hollow Dr.

Jacksonville, FL 32226

ARTICLE VII INCORPORATOR

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

Name: Michael James Cope

Address: 12242 Glen Hollow Dr.

Jacksonville, FL 32226

FILED
15 JUL -6 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7-1-2015 (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

Michael James Cope

Required Signature/Registered Agent

7/1/2015

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.

Michael James Cope

Required Signature/Incorporator

7/1/2015

Date

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Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 JUL -6 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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7/1/2015
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