

P15000058683

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

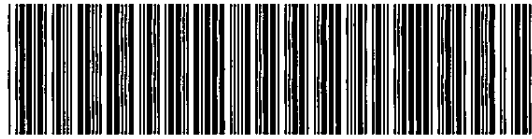
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06/25/15--01010--009 **78.75

15 JUL 14 AM 11:22
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W15-44416

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COVER LETTER

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

SUBJECT: DORAL Transportation, Corp.
(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: MOHAMED JALALIE
Name (Printed or typed)

11549 N.W. 62 TERRACE, Unit 435
Address

DORAL, FL. 33178
City, State & Zip

1-317-900-3002
Daytime Telephone number

HOLLAND1349@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2015

MOHAMED JALAIE
11549 N.W. 62ND TERRACE
UNIT 435
DORAL, FL 33178

SUBJECT: DORAL TRANSPORTATION, CORP.
Ref. Number: W15000044416

We have received your document for DORAL TRANSPORTATION, CORP. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 415A00013622

COVER LETTER

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

SUBJECT: JALaie
DORAL Transportation, Corp.
(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: MOHAMED JALaie
Name (Printed or typed)

11549 N.W. 62 TERRACE, Unit 435
Address

DORAL, FL. 33178
City, State & Zip

1-317-900-3002
Daytime Telephone number

Holland1349@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:

JALAI
DORAL Transportation, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11549 NW 62 Terrace, Unit 435
DORAL, FL. 33178

(SAME)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide truck transportation,
(Trucking company)

ARTICLE IV SHARES

The number of shares of stock is:

2 (two)
~~0 (zero)~~

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

SOPHIA MAJRI, ~~Director~~ President

Name and Title:

Address

11549 NW 62 TERR, Unit 435
DORAL, FL. 33178

Address:

Remove completely ↓

Name and Title:

~~Moustapha MAJRI, Supervisor~~ Manager

Name and Title:

Address

~~10561 SW 139 Street
MIAMI, FL. 33176~~

Address:

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: Mohamed JALAI

Address: 11549 NW 62 TERR, Unit 435

DURAL, FL 33178

15 JUL 14 AM 11:22
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

ARTICLE VII INCORPORATOR

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

Name: Mohamed JALAI

Address: 11549 NW 62 TERR, Unit 435

DURAL, FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 24, 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



Required Signature/Registered Agent

June 23, 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

Mohamed JALAI

June 23, 2015

Date