## P5000074694

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100276599771

09/03/15--01025--001 \*\*437.50

2015 SEP -3 PM 2: 45

Mens april

## **COVER LETTER**

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

SUBJECT:Jus	t-In-Time Shipping C	.0.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM:	Mary Jones Name	(Printed or typed)	
	135 Weston Road S A	uite 201 ddress	·
	Weston, FL 33326	State & Zip	
<u>.                                      </u>	305.219.2206		
	Daytime Te	lephone number	
	financialconsulti E-mail address: (to be used	ng305@gmail.com for future annual report n	otification)

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)

RTICLE II PRINC			
135 Worton		Mailing address, if	different is:
	I ROAU		
Weston, FL	33326		
ARTICLE III PURPO			
	TAMBLE DUCTNESS		
ANT AND ALL	LAWIOL BOSINESS .		
	urpose for which the corporation is organized is:  IY AND ALL LAWFUL BUSINESS	20. 22.	
			-15H 1
			<u> </u>
			-1117
	Kristie Brennan. Pr	esident	
	135 Weston Road		
	and Title:Name and Title:  135 Weston Road  and Title:Name and Title:		
	Weston, FL 33326	<u> </u>	
Name and Title:			
		Name and Title:	
		•	
		Address:	<u></u>
		Address:	<u></u>
· Address		Address:	
Address  Name and Title:		Address:  Name and Title:	
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Address  Name and Title:		Address:  Name and Title:  Address:	

•				<del>.</del> .
, Name and	l Title:	Name and Title:		
Address		Address:	_	
				;
	<del> , , , , , , , , , , , , , , , , , ,</del>		_	:
				:
	EGISTERED AGENT			:
e <u>name and Flo</u>	orida street address (P.O. Box NOT accep Mary Jones	table) of the registered agent is:		٠
ame:	mary bones			
ldress:	135 Weston Road			,
	Suite 201	<del></del>	•	
	Weston, FL 33326			1
TICLE VII I	NCORPORATOR			
e name and ado	dress of the Incorporator is:			L
	Mary Jones			:
Name:	135 Weston Road	<del></del>		·
Address:				
	Suite 201	<u> </u>		
	Weston, FL 33326	·		·
	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)		
	te is listed, the date must be specific and	cannot be more than five business days prior or 90 business		
	inserted in this block does not meet the app fective date on the Department of State's re	licable statutory filing requirements, this date will not be listed a cords.	s	
		process for the above stated corporation at the place designated	in	
s certificate, I ai		t as registered agent and agree to act in this capacity		
<u>MY ar</u>	Required Signature/Registered Age	9/1/2015	_	
	Required Signature/Registered Age	nt Date		
	ment and affirm that the facts stated here epartment of State constitutes a third degre	in are true. I am aware that the false information submitted in e felony as provided for in s.817.155, F.S.	t a	
Mar	U JONGO. ed/Signature/Incorporator	911/2015		
$\overline{c}$			<del>-</del>	

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