

PIS 000094482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

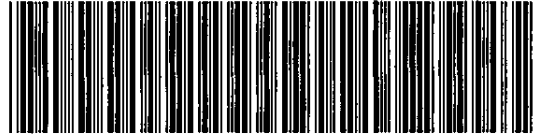
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Effective Date *NOV 12, 2015*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 16 PM 4:09

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NOV 24 2015

COVER LETTER

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

SUBJECT: J T TRANSPORT, 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

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

FROM: JUAN F. TELLO
Name (Printed or typed)

853 CHICAGO STREET
Address

LEHIGH ACRES, FLORIDA 33971
City, State & Zip

(239) 243-4371
Daytime Telephone number

TELLO30@AOL.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 T TRANSPORT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
853 CHICAGO STREET EAST,
LEHIGH ACRES, FLORIDA 33971

Mailing address, if different is:

Effective Date NOV. 12, 2015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO START A TRUCK TRANSPORT CORPORATION
BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN F. TELLO, PRESIDENT & CEO

Name and Title: _____

Address 853 CHICAGO STREET, EAST
LEHIGH ACRES, FLORIDA 33971

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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15 NOV 16 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, 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: JUAN F. TELLO
 Address: 853 CHICAGO STREET, EAST
LEHIGH ACRES, FLORIDA 33971

ARTICLE VII INCORPORATOR

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

Name: JUAN F. TELLO
 Address: 853 CHICAGO STREET, EAST
LEHIGH ACRES, FLORIDA 33971

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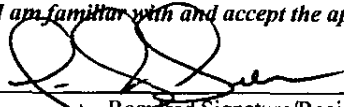
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: NOVEMBER 12, 2015. (OPTIONAL)

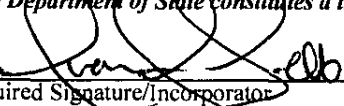
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 NOVEMBER 12, 2015
 Required Signature/Registered Agent 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.

 NOVEMBER 12, 2015
 Required Signature/Incorporator Date