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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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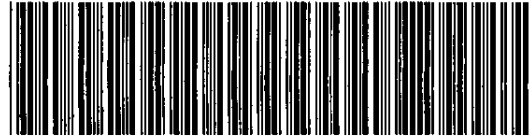
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## COVER LETTER

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

**SUBJECT:** US NORTH FLORIDA 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

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** ARAEI ZAMORA  
Name (Printed or typed)  
2901 BEACHWOOD BLVD APT D 205  
Address  
JACKSONVILLE FL 32246  
City, State & Zip  
904 899 2467  
Daytime Telephone number  
zamora.arael@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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**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: US NORTH FLORIDA TRANSPORT INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2901 BEACHWOOD BLVD APT D205

JACKSONVILLE FL 32246

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GENERAL CARGO FREIGHT

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: ARIEL ZAMORA, DIRECTOR

Address 2901 BEACHWOOD BLVD APT D205

JACKSONVILLE FL 32246

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: ARIEL ZAMORA

Address: 2901 BEACHWOOD BLVD APT D 205

JACKSONVILLE FL 32246

**ARTICLE VII INCORPORATOR**

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

Name: ARIEL ZAMORA

Address: 2901 BEACHWOOD BLVD APT D 205

JACKSONVILLE FL 32246

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/01/2016. (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*



ARIEL ZAMORA  
Required Signature/Registered Agent

04/01/2016  
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.*



ARIEL ZAMORA  
Required Signature/Incorporator

04/01/2016  
Date