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DIVISION OF REVENUE  
16 AUG 11 2016

## COVER LETTER

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

**SUBJECT:** L & M JAX TRUCKING 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:** LUIS SOLER RODRIGUEZ

Name (Printed or typed)

1912 CESERY BLVD

Address

JACKSONVILLE FL 32211

City, State & Zip

904 405 6516

Daytime Telephone number

luisosvaldo51@yahoo.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: L & M JAX TRUCKING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1912 CESERY BLVD

JACKSONVILLE FL 32211

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: LUIS SOLER RODRIGUEZ, PRESIDENT

Address 1912 CESERY BLVD

JACKSONVILLE FL 32211

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

16 AUG - 9 AM 11:21

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: LUIS SOLER RODRIGUEZ  
Address: 1912 CESERY BLVD  
JACKSONVILLE FL 32211

**ARTICLE VII INCORPORATOR**

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

Name: LUIS SOLER RODRIGUEZ  
Address: 1912 CESERY BLVD  
JACKSONVILLE FL 32211

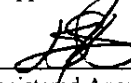
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Luis Soler Rodriguez   
Required Signature/Registered Agent

08/1/16  
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.*

Luis Soler Rodriguez   
Required Signature/Incorporator

08/1/16  
Date