

PILOUW67492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

08/09/16--01008--002 **78.75

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

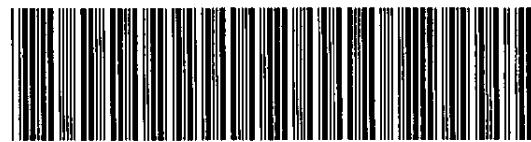
Special Instructions to Filing Officer:

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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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status 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

Mailing address, if different is:

JACKSONVILLE FL 32211

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 Name and Title: _____

Address: 1912 CESERY BLVD Address: _____

JACKSONVILLE FL 32211

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AM
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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