## P16000086461

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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10/26/16--01019--005 \*\*



78.75

EFFECTIVE DATE 10/19/16

## **COVER LETTER**

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

SUBJECT: JACK R	ABBIT TRANSPORTATION, INC	•	
30 <b>bje</b> c1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM:	Name Name Name Name Name Name Name Name	e (Printed or typed)	
<del></del>	Address		
WI	STON, FL 33326		
	City	, State & Zip	
305	6-600-6959		
	Daytime 1	elephone number	
JAC	CKRABBITTRANS@ATT.NET		
<del></del>	E-mail address: (to be use	d for future annual report	notification)

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



Wednesday, October 19, 2016

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

To whom it may concern:

I, Natalie Chanasue, President of Jack Rabbit Transportation, Inc. is not planning on reinstating the filing number P15000088658.

If you need any further information, please contact me directly at 305.600.6959 or at jackrabbittrans@att.net.

Thank you,

Natalie Chanasue

President

2010 DCT 24 PH 2: 15

Fax: 844-399-9866

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRINC	<u>IPAL OFFICE</u>		
	Principal street address	Mailing address, if	different is:
ESTON, FL 33326			
TICLE III PURPO	SE ANY AND ne corporation is organized is:	ALL LAWFUL BUSINESS	29 
o purpose for wines o			3.00
			هر دی
			7
			.5
RTICLE IV SHARE e number of shares of	ES 100 stock is:  L OFFICERS AND/OR DIRECTORS		
e number of shares of a RTICLE V INITIA  Name and Title	stock is:	Name and Title:	
e number of shares of	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT	Name and Title:Address:	
e number of shares of a RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT  304 INDIAN TRACE, #658		
e number of shares of a RTICLE V INITIA  Name and Title  Address	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT  304 INDIAN TRACE, #658	Address:	
e number of shares of a RTICLE V INITIA  Name and Title  Address	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT  304 INDIAN TRACE, #658  WESTON, FL 33326	Address:  Name and Title:	
e number of shares of a RTICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT  304 INDIAN TRACE, #658  WESTON, FL 33326	Address:  Name and Title:	
e number of shares of a RTICLE V INITIA  Name and Title  Address  Name and Title:	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT  304 INDIAN TRACE, #658  WESTON, FL 33326	Address:  Name and Title:	
e number of shares of a RTICLE V INITIA  Name and Title  Address  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT  304 INDIAN TRACE, #658  WESTON, FL 33326	Address:  Name and Title:  Address:	
e number of shares of a RTICLE V INITIA  Name and Title  Address  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS  NATALIE CHANASUE/PRESIDENT  304 INDIAN TRACE, #658  WESTON, FL 33326		

Name a	and Title:	Name and Title:
Addre	ess	Address:
	,	
ARTICLE VI	REGISTERED AGENT	•
	Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	NATALIE CHANASUE	
Address:	304 INDIAN TRACE, #658	
	WESTON, FL 33326	
ARTICLE VII	<u>INCORPORATOR</u>	<u> </u>
		N 124
The name and	address of the Incorporator is:	ر بر الروائي المراثي ا
Name:	NATALIE CHANASUE	
Address:	304 INDIAN TRACE, #658	
	WESTON, FL 33326	
Effective date, (If an effective days after the	filing.)	(OPTIONAL)  I cannot be more than five business days prior or 90 business olicable statutory filing requirements, this date will not be listed as
	s effective date on the Department of State's re	
Having been n this certificate,	named as registered agent to accept service of I am familiar with and accept the appointment	process for the above stated corporation at the place designated in that as registered agent and agree to act in this capacity
Kal	a List Star	10/19/2016
	Required Signature/Registered Ag	ent Date
	locument and affirm that the facts stated her ne Department of State constitutes a third degr	ein are true. I am aware that the false information submitted in ee felony as provided for in s.817.155, F.S.
100	bio A	10/19/2016
Rec	quired Signature/Incorporator	Date