Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552~5973

Phone Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION CJN TRANSPORT INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EFFECTIVE - 1/1/17

ARTICLE 1 NAME: The name of the corporation is:	
CIN Transport inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
14940 Schooner Bay Ln 17102 Naples FL 54119	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: (P) Covios Jesus Mazco ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: (P) Covios Jesus Mazco	Canada
SSR CONTRACTOR OF THE CONTRACT	
FEST F.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
14940 Schooper Pay La 17102	
Naples FL 34119	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
14940 Schooner Bay Un 1710:) _
MONIOS FL 24119	·
INMPIO I - OIII	

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Required Signatures:

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

Registered Agent

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.

incorporator

16 DEC -B PH L: L7
SECRETARY OF STATE