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17 APR 24 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 04/26/17

## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
(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: \_\_\_\_\_  
Name (Printed or typed)

11050 BISCAYNE BLVD #14  
\_\_\_\_\_  
Address

MIAMI, FL 33161  
\_\_\_\_\_  
City, State & Zip

305-926-4861  
\_\_\_\_\_  
Daytime Telephone number

SALC1711@GMAIL.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: EJSP TRANSPORTATION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11050 BISCAYNE BLVD # 14

MIAMI, FL. 33161

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: ELEAZAR SUAREZ PICO-P

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

Address 11050 BISCAYNE BLVD #14

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

MIAMI, FL. 33161

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: ELEAZAR SUAREZ PICO  
Address: 11050 BISCAYNE BLVD #14  
MIAMI, FL. 33161

**ARTICLE VII INCORPORATOR**

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

Name: ELEAZAR SUAREZ PICO  
Address: 11050 BISCAYNE BLVD #14  
MIAMI, FL. 33161

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**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 days prior or 90 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*

X \_\_\_\_\_ 03/20/17  
Required Signature/Registered Agent 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.*

X \_\_\_\_\_ 03/20/17  
Required Signature/Incorporator Date