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T. SCOTT



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COVER LETTER

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

SUBJECT: CHA	VEZCU TRANSPORTATION INC		
	(PROPOSED CORPOR	ATE NAME - MUST INCL	ÜDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the a	ticles of incorporation and	d a check for:
	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
377.633.4	SIANKYS CHAVEZ VAZQUEZ		
FROM: _	Nan	ie (Printed or typed)	
i	0720 JAVA DR		
_		Address	
J	ACKSONVILLE FL 32246		
_	City	r. State & Zip	
9	04 386 4347		
_	Daytime	Telephone number	
si	ankysoticial@yahoo.com		

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

ARTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing	address, if different is:
10720 JAVA DR	***		
IACKSONVILLE FL	32246		
	the corporation is organized is:	. CARGO TRANSPORTA	TION
			,
		-	
IRTICLE IV SHA	DES		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
IRTICLE IV _SHAP The number of shares of			99 90 90 90 90
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The number of shares of shares of the number of the number of the number of shares of the number of th	RES If stock is: MAL OFFICERS AND/OR DIRECTORS SIANKYS CHAVEZ V. DIRECTOR 10720 IAVA DR	Name and Title:	9: J6
The number of shares of shares of the number of the number of the number of shares of the number of th	RES of stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title:	4. 1. 6. 1.
The number of shares of sh	RES of stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title: Address:	9: 16 ************************************
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Name and	Title:	Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Address:
	<u>EGISTERED AGENT</u>	
The name and Flo	rida street address (P.O. Box NOT acceptable) SIANKYS CHAVEZ VAZQUEZ	of the registered agent is:
Name:		
Address:	10720 JAVA DR	_
	JACKSONVILLE FL 32246	_
ARTICLE VII - I	NCORPORATOR	
The name and add	Iress of the Incorporator is: SIANKYS CHAVEZ VAZQUEZ	
Name:		_
Address:	10720 JAVA DR	_
	JACKSONVILLE FL 32246	_
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if o	ther than the date of filing:	(OPTIONAL)
(If an effective da filing.)	te is listed, the date must be specific and canr	oot be more than five days prior or 90 days after the
	nserted in this block does not meet the applicablective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been name this certificate, I as	ed as registered agent to accept service of proce in familiar with and accept the appointment as r	so for the above stated corporation at the place designated in existered agent and agree to act in this capacity
SINNIG	S CHOULT NZP-EZ Required Signature/Registered Agent	//(b/19)
document to the D	epartment of State constitutes a third degree fel	efrue. I am aware that the false information submitted in a transprovided for in s.817.155, F.S.
SIONIC Require	d Signature/Incorporator	1/16/13. Trate