

P18000050940

(Requestor's Name)

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(Address)

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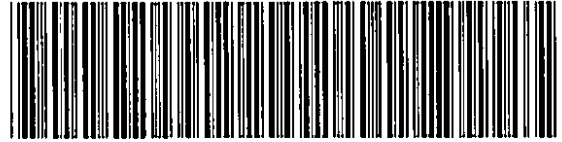
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/18--01013--002 **78.75

K. PAGE

JUN 08 2018

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2018 JUN -6 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JDS TRANSPORTATION, 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
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: CAROLINA JIMENEZ

Name (Printed or typed)

3025 REDWOOD NATIONAL DRIVE, #4605

Address

ORLANDO, FL 32737

City, State & Zip

407-496-2759

Daytime Telephone number

ARIESITP@LIVE.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

JDS TRANSPORTATION, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
3025 REDWOOD NATIONAL DR. #4605
ORLANDO, FL 32837

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "ANY AND ALL LAWFULL PURPOSES"

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANKIE JIMENEZ - PRESIDENT

Address 3025 REDWOOD NATIONAL DR
#4605
ORLANDO, FL 32837

Name and Title: CAROLINA JIMENEZ - TREASURER

Address 3025 REDWOOD NATIONAL DR
#4605
ORLANDO, FL 32837

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address _____

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2015 JUN -6 AM 11:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: ARIES INCOME TAX PREPARATION, INC.

Address: 105 E LANCASTER RD

ORLANDO, FL 32899

ARTICLE VII INCORPORATOR

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

Name: FRANKIE JIMENEZ

Address: 3025 REDWOOD NATIONAL DR, #4605

ORLANDO, FL 32837

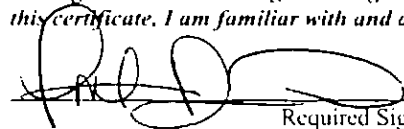
ARTICLE VIII EFFECTIVE DATE: 05/01/2018

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

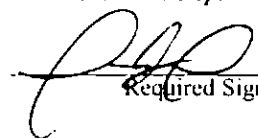
 Antoinette Reyes

Required Signature/Registered Agent

05/04/2018

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.

 _____

Required Signature/Incorporator

5-23-18

Date