

P 180000 60418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

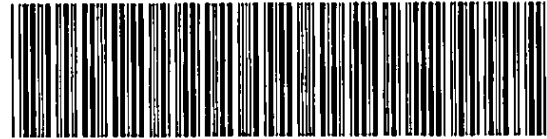
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200315393472

07/10/18--01002--017 ♦♦78.75

11:41 AM
SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUL 10 PM 3: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RK 7/12/18

COVER LETTER

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

SUBJECT: MORENOCANA 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JUAN CARLOS MORENO

Name (Printed or typed)

7901 BAYMEADOWS CIR E APT 310

Address

JACKSONVILLE FL 32256

City, State & Zip

786 803 3075

Daytime Telephone number

tevy1971@gmail.commore

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: MORENOCANA TRANSPORTATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7901 BAYMEADOWS CIR E APT 310

JACKSONVILLE FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSPORTATION OF GOODS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CARLOS MORENO, PRESIDENT

Name and Title: _____

Address: 7901 BAYMEADOWS RD APT 310

Address: _____

JACKSONVILLE FL 32256

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
18 JUL 10 PM 3:21
SECRETARY 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: ESTEBAN O OCANA VALDES

Address: 6850 SW 15th ST

MIAMI FL 33144

ARTICLE VII INCORPORATOR

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

Name: JUAN CARLOS MORENO

Address: 7901 BAYMEADOES CIR E APT 310

JACKSONVILLE FL 32256

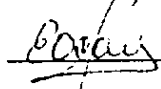
ARTICLE VIII EFFECTIVE DATE:

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

 Esteban O. Ocana Valdes

Required Signature/Registered Agent

7/6/18
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.

 JUAN C. MORENO

Required Signature/Incorporator

7/6/18
Date