

P18000079803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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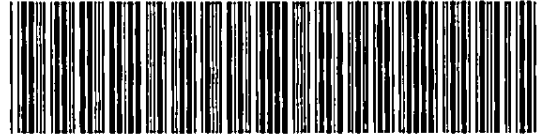
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

SEP 24 2018

SCOTT

## COVER LETTER

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

**SUBJECT:** TRANSPORTATION JAGG & ASSOCIATES, 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:** DIOGENES RUIZ DIAZ  
Name (Printed or typed)  
2780 N.E. 183rd Street Atp 607  
Address  
Aventura, FL 33160  
City, State & Zip  
(305) 305 8871  
Daytime Telephone number  
druiztaxservice@hotmail.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: TRANSPORTATION JAGG & ASSOCIATES, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2780 N.E. 183rd Street Apt 607

2780 N.E. 183rd Street Apt 607

Aventura, FL 33160

Aventura, FL 33160

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE  
STATE OF FLORIDA.

### ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONATAN A. GAONA (Director)

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

Address 2780 N.E. 183rd Street Apt 607

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

Aventura, FL 33160

Capital Stock : 95%

Name and Title: DIOGENES RUIZ DIAZ (Director)

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

Address 2780 N.E. 183rd Street Apt 607

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

Aventura, FL 33160

Capital Stock : 05%

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

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

2011 SEP 21 AM 10:32  
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: DIOGENES RUIZ DIAZ  
Address: 2780 N.E. 183rd Street Apt 607  
Aventura, FL 33160

**ARTICLE VII INCORPORATOR**

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

Name: DIOGENES RUIZ DIAZ  
Address: 2780 N.E. 183rd Street Apt 607  
Aventura, FL 33160

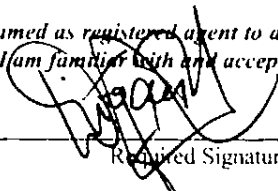
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/19/2018 (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.

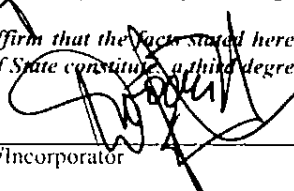
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

09/19/2018

\_\_\_\_\_  
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

09/19/2018

\_\_\_\_\_  
Date