(Requestor's Name)				
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	<u> </u>			

W/900017295 Pa 3/14/19



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FAX

BANIEL OKEFF 850 245 68 04



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2019

JK LINE TRANS → N C 14924 OLD DIXY HIGHWAY HUDSON, FL 34667

SUBJECT: JK L INE TRANS Ref. Number: W19000017295

We have received your document for JK L INE TRANS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/titleabbreviations/

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Sccitt Regulatory Specialist II New Filings Section

Letter Number: 219A00003709

COVER LETTER

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

SUBJECT: - K-LINE TRANS / JAROSLAW KRAL	JKLINE	TRANS INC
(PROPOSED CORPOR.	TÉ NAME - <u>MUST IN</u>	(CLUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation	and a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	- C
	ADDITIONAL.	COPY REQUIRED
FROM: JK LINE TRANS / JAROSLAV KRAL	Printed or typed)	
14924 OLD DIXY HIGHWAY		
	Address	
HUDSON, FL. 14667		
City.	State & Zip	
773-590-0032		
Daytime T	elephone number	
JKLINEUSA@GMAHCOM		
E-mail address: (to be used	for future annual repo	ort netification)

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)

<u>CLE II PRIN</u>	Principal street address		Mailing address, if different is:
4 OLD DIXY HI			
SON, FL, 34667			
CLE III PURP	OS:		
urpose for which	the corporation is organized is:		
CKING COMPA	NY TRANSPORTATION		
			
			
	ES 160 stock is		
CLE V <u>INITL</u>	AL OFFICERS AND/OR DIRECTORS		
CLE V <u>INITL</u>	AL OFFICERS AND/OR DIRECTORS JAROSLAV KRAL P 14924 OLD DIXY EIGHWAY		
CLE V JNITE Name and Title	AL OFFICERS AND/OR DIRECTORS JAROSLAV KRAL P 14924 OLD DIXY EIGHWAY	Name and Title:	
CLE V JNITE Name and Title	AL OFFICERS AND/OR DIRECTORS JAROSLAV KRAL P 14924 OLD DIXY HIGHWAY HUDSON, FL. 34667	Name and Title: Address:	
Name and Title Addres;	AL OFFICERS AND/OR DIRECTORS JAROSLAV KRAL P 14924 OLD DIXY HIGHWAY HUDSON, FL. 34667	Name and Title: Address:	
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Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS JAROSLAV KRAL P 14924 OLD DIXY HIGHWAY HUDSON, FL. 34667	Name and Title: Address: Name and Title:	
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Name and Title Name and Title: Address Name and Title:	AL OFFICERS AND/OR DIRECTORS JAROSLAV KRAL P 14924 OLD DIXY HIGHWAY HUDSON, FL. 34667	Name and Title: Address: Name and Title: Address: Name and Title: Address:	17 E 2 S S H 2 S S S H 2 E S S S H 2 E S S S H 2 E S S S H 2 E S S S H 2 E S S S S S S S S S S S S S S S S S S
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS JAROSLAV KRAL P 14924 OLD DIXY HIGHWAY HUDSON, FL. 34667	Name and Title: Address: Name and Title: Address: Name and Title: Address:	17 E 2 S S H 2 S S S H 2 E S S S H 2 E S S S H 2 E S S S H 2 E S S S H 2 E S S S S S S S S S S S S S S S S S S

Name a	ad Title;	Name and Title:
Addres	· s	Address:
	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	able) of the registered agent is
Name:	JAROSLAV ERAL	
Address:	14924 OLD DIXY HIGHWAY	
HUDSON, FL, 34667		
ARTICLE VII	N.CORDOR . TOD	
	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is.	
Name:	JAROSLAV KRAL	
Address:	14924 OLD DIXY HIGHWAY	
	HUDSON, PL, 34667	
ARTICLE VIII	_EFFECTIVE DATE:	
Effective date, if	other than the cate of filing:	
(If an effective of filing.)	late is listed, the date must be specific and o	cannot be more than five days prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the appli ffective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Having been nat	ned as registered agent to accept vervice of proof on familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
<u> </u>		2/4/2019
	Required Signature-Registered Agen	Date
I submit this doc document to the :	ument and affirm that the facts stated herein Department of State constitutes a third degree \	are true. I am aware that the false information submitted in a felony as provided for in s.817.155. F.S.
M	W >	2/4/2019
Requi	red Signature incorporator	Date