

P19000025603

(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



400326370314

FILED

2019 MAR 20 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: 3J EXPRESS CORP

(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: L & M ACCOUNTING SERVICES  
Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D  
Address

MIAMI FLORIDA 33183  
City, State & Zip

305 595-2407  
Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

March 11, 2019

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

FILED  
2019 MAR 20 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

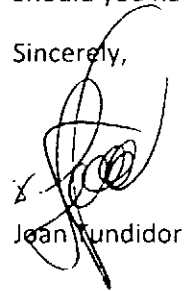
Re: 3J Express Corp

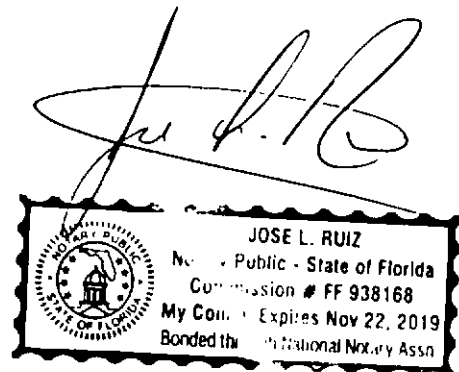
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
Jean Fundidor



**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

3J EXPRESS CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1520 SW 86 COURT

MIAMI FLORIDA 33144

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33183

**ARTICLE III PURPOSE**

ANY LEGAL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

100 @ \$1.00 EA  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOAN TUNDIDOR, PRES

Address: 1520 SW 86 COURT

MIAMI, FLORIDA 33144

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

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

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

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

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

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

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

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

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

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

FILED  
2019 MAR 20 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: JOAN TUNDIDOR  
Address: 1520 SW 86 COURT  
MIAMI, FLORIDA 33144

**ARTICLE VII INCORPORATOR**

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

Name: JOAN TUNDIDOR  
Address: 1520 SW 86 COURT  
MIAMI FLORIDA 33144

FILED  
2019 MAR 20 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:** 03/26/2019

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.)

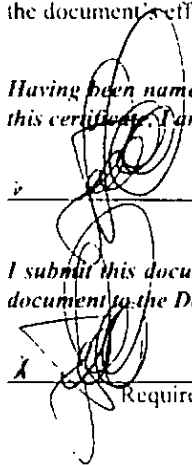
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

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

03/11/2019  
\_\_\_\_\_  
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

03/11/2019  
\_\_\_\_\_  
Date