

P190000041874

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(Business Entity Name)

(Document Number)

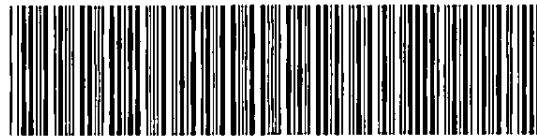
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MAY 21 2019



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2019 MAY 20 11:11:44 RECEIVED  
SECRETARY OF STATE DEPT. OF TREASURY  
TALLAHASSEE, FLORIDA 32399  
19 MAY 20 10 4: 62

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COVER LETTER

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

SUBJECT: ADJ Trucking 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 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: ADJ Trucking  
Name (Printed or typed)

2630 ST. Augustine Rd  
Address

Monticello FL 32344  
City, State & Zip

850-980-1035  
Daytime Telephone number

futuredf@gnail.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:

ADJ Trucking Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2630 St. Augustine Rd. 2630 St Augustine Rd  
Monticello FL 32344 Monticello FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All purpose

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) Alvin Johnson Name and Title: \_\_\_\_\_

Address: 2630 St. Augustine Rd Address: \_\_\_\_\_

Monticello FL 32344 \_\_\_\_\_

Name and Title: (VP) Saleama Austin Name and Title: \_\_\_\_\_

Address: 2630 St. Augustine Rd Address: \_\_\_\_\_

Monticello FL 32344 \_\_\_\_\_

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

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

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2019 MAY 20 PM 11:44  
SECRETARY OF STATE  
TALLAHASSEE FLA 9219

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: Alvin Johnson Esq a Jacksm  
Address: 2630 St. Augustine Rd.  
Monticello FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alvin Johnson  
Address: 2630 ~~St~~ St. Augustine Rd.  
Monticello FL 32344.

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: May 1<sup>st</sup> 2019 (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.

[Signature]  
Required Signature/Registered Agent

FILED  
291 MAY 20 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5/20/19  
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.

[Signature]  
Required Signature/Incorporator

5/20/19  
Date