From: Robert Faniul 9/16/2019

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

FLORIDA PROFIT/NON PROFIT CORPORATION MAINEGRA TRANSPORTATION SERVICES CORP

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

_	ration shall be:			
RTICLE II PRIM 600 NW 33RD AVE	NCIPAL OFFICE Principal <u>street</u> address NUE	Mailing ad 8600 NW 33RD AV	dress, if different is: /ENUE	
MAMI, FL 33147		MIAMI, FL 33147		
RTICLE III PUR	h the corporation is organized is:			
			2019 SEP SECRE	
RTICLE IV SHA	of stock is:			
RTICLE V _INT	TIAL OFFICERS AND/OR DIRECTORS	Name and Title:	ラス 6	
RTICLE V INT	TIAL OFFICERS AND/OR DIRECTORS	Name and Title: Address:	AM IO: 02	
Name and T Address	ILLE: SANDAOR DIRECTORS ILLE: SUAN C MAINEGRA-P 8600 NW 33RD AVENUE	Name and Title: Address: Name and Title:	6 AM IO: 02 RY OF STATE ASSEE, TL	

Name and Title:		Name and Title:		
Addre	25	Address:		
ARTICLE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	JUAN C MAINEGRA			
Address:	8600 NW 33RD AVENUE			
	MIAMI, FL 33147			
				
ARTICLE VII	INCORPORATOR			
The name and	address of the Incorporator is:			
Name:	JUAN C MAINEGRA			
Address:	8600 NW 33RD AVENUE			
	MIAMI, FL 33147			
				
ARTICLE VII	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)		
(If an effective filing.)	e date is listed, the date must be specific and	cannot be more than five days prior or	90 days after the	
Note: If the d	ate inserted in this block does not meet the app s effective date on the Department of State's re	licable statutory filing requirements, this coords.	late will not be listed as	
Having been this certificute	named as registered agent to accept service of , I am familiar with and accept the appointmen	process for the above stated corporation is at as registered agent und agree to act in the	nt the place designated in his capacity	
Jaa	N. C. Required Signature/Registered Age		(10/19	
~-·	Required Signature/Registered Age	ent	Date	
	document and affirm that the facts stated here he Department of State constitutes a third degre			
Jus	11/. 1/		1/10/15	
Re	quired Signature/Incorporator		Date	

Fax: (850) 617-6381 Page: 3 of 3 09/16/2019 3:44 PM

From: Robert Fanjul Fax: 18775036086 To: