

2/4/2020

*P200 0001 0081*

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000040126 3)))



H200000401263ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

**\*\*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**  
**LJM LOGISTIC TRANSPORT INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

D O'KEEFF

FEB 06 2020

**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: LJM LOGISTIC TRANSPORT INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

26720 SW 142ND AVE APT 10526720 SW 142ND AVE APT 105HOMESTEAD, FL 33032HOMESTEAD, FL 33032**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TRANSPORTATION**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS J. MARTINEZ FEBLES

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

Address 26720 SW 142ND AVE APT 105

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

HOMESTEAD, FL 33032PRESIDENT

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2020 FEB 5 11:06

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: LUIS J. MARTINEZ FEBLES  
Address: 26720 SW 142ND AVE APT 105  
HOMESTEAD, FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUIS J. MARTINEZ FEBLES  
Address: 26720 SW 142ND AVE APT 105  
HOMESTEAD, FL 33032

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: FEBRUARY 04, 2020. (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*

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

02/04/2020

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.*

Y \_\_\_\_\_  
Required Signature/Incorporator

02/04/2020

Date

2020-05-11 11:06