

5/13/2020

Division of Corporations

P20000035358

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : TAX CARE DORAL
Account Number : 1201900000008
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: Jessica.torres@taxcareinc.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
L.J.M. TRANSPORTATION GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

MAY 14 2020

T. SCOTT

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: L.J.H. Transportation Group Inc
(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: Jessica Torres
Name (Printed or typed)

1400 NW 107th Ave Ste 430
Address

Sweetwater FL 33172
City, State & Zip

786 - 845 - 8854
Daytime Telephone number

Jessica.torres@talcareinc.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: L.J.M Transportation Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2517 Sedge Grass way
Orlando, FL 32824

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transporting large quantities
of raw materials, works in process and finished
goods over land, between all states in the country.
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Barbastefano, President Name and Title: _____

Address: 2517 Sedge Grass way Address: _____
Orlando FL 32824

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Jose Barbastefano

Address: 2517 Hedge Grass Way
Orlando FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jessica Torres-Tax Care Franchise Group

Address: 1400 NW 107th Ave. Ste 430
Sweetwater FL 33172

ARTICLE VIII EFFECTIVE DATE:

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.)

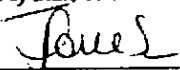
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/13/20
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

5/13/20
Date