

P20000043950

Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
J W DELIVERY AND TRANSPORTATION SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, Walmaro Balmaceda, who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the sole President of J W DELIVERY AND TRANSPORTATION SERVICES INC. a Florida corporation, filed with the Florida Department of State on April 24, 2017
2. The undersigned hereby consents to and authorizes the use of the name J W DELIVERY AND TRANSPORTATION SERVICES INC
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

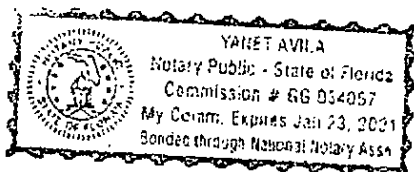
/s/ Walmaro Balmaceda
Walmaro Balmaceda

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY, appeared before me, Walmaro Balmaceda who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 16 day of June, 2020.

[Signature]
Notary Public



20 JUN 19 PM 1:25

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

ARTICLE I NAMEThe name of the corporation shall be: J W DELIVERY AND TRANSPORTATION SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address744 NW 115 STMIAMI, FL 33168

Mailing address, if different is:

744 NW 115 STMIAMI, FL 33168**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WALMARO BALMACEDA (P/S/D)

Name and Title: _____

Address 744 NW 115 ST

Address: _____

MIAMI, FL 33168

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WALMARO BALMACEDA
Address: 744 NW 115 ST
MIAMI, FL 33168

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: WALMARO BALMACEDA
Address: 744 NW 115 ST
MIAMI, FL 33168

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.

/s/ Walmaro Balmaceda
Required Signature/Registered Agent

06/16/2020
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.

/s/ Walmaro Balmaceda
Required Signature/Incorporator

06/20/2020
Date