

10/7/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

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

Email Address: JORGE@TAX4TRUCKS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
AJA TRANSPORTATION CORP

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AJA TRANSPORTATION CORP



October 8, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX 4 TRUCKS INC.

SUBJECT: AJ TRANSPORT CORP
REF: W20000115410

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist IIFAX Aud. #: H20000349560
Letter Number: 120A000196352020 OCT -9 PM 4:39
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AJA TRANSPORTATION CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8717 SW 28ST MIAMI, FL 331658717 SW 28ST MIAMI, FL 33165**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Armando Perez Gutierrez, P Name and Title: _____Address 8717 SW 28ST MIAMI, FL 33165 Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AJA TRANSPORTATION CORP

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: Armando Perez Gutierrez
 Address: 8717 SW 28ST MIAMI, FL 33165

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Armando Perez Gutierrez
 Address: 8717 SW 28ST MIAMI, FL 33165

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

Armando Perez Gutierrez
 Required Signature/Registered Agent

10/7/2020
 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.

Armando Perez Gutierrez
 Required Signature/Incorporator

10/7/2020
 Date