P21000076047

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PICK-UP WAIT MAIL
(Business Entity Name)
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W21000115411
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SECRITARY OF STATE

08/20/21--01031--008 **70.00

VISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Junny Transport, Inc	3		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
		•	Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
		1	Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
	_ _		Driving Record
Requested by: SETH			UCC 1 or 3 File
Name	Doto	Time	UCC 11 Search
inallic	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

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

SUBJECT: JUN	INY TRANSPORT, INC.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ÜDE SÜFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	l a check for:
© \$70.00 Filing Fo	D □ \$78.75 Filing Fee & Certificate of Status	& Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	RD ACCOUNTING SERVICES & M	ORE LLC e (Printed or typed)	
	1627 E. VINE STREET SUITE 125	o (c camou or cypour	
		Address	
	KISSIMMEE, FL 34744		
	City	. State & Zip	· · · · · · · · · · · · · · · · · · ·
	407-750-8084		
	Daytime	Telephone number	
	RDASERVICES16@YAHOO.COM		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2021

CAPITAL CONNECTION, INC.

SUBJECT: JUNNY TRANSPORT, INC.

Ref. Number: W21000115411

We have received your document for JUNNY TRANSPORT, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

SHARES MUST BE A WHOLE NUMBER PLEASE REMOVE PERCENTAGE SYMBOL

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.

Carlos E Rico Regulatory Specialist III

Letter Number: 921A00020092

August 24, 2021

To whom it May concern:

I hereby wish to inform you that Edwin A. Robles waives my rights in the non-profit organization by filing the revocation of dissolution and I give permission to a new for-profit corporation to present itself with the same name and also that the shares are 100 percent in my name.

Without anything else about it.

Ed Robert

Sincerely,

Edwin A. Robles

Manager

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

ARTICLE II PRIS 5112 TIBER WAY	ICIPAL OFFICE Principal street address	РО ВО	Mailing address, if different is: C771965
ST. CLOUD, FL 34	771	ORLAN	IDO, FL 32877
ARTICLE III PUR The purpose for which		PORTATION	一 一
ARTICLE V INIT	of stock is: **IAL OFFICERS AND/OR DIRECTORS** itle: MGR-EDWIN A. ROBLES	·	
ARTICLE V INIT	itle: MGR-EDWIN A. ROBLES	·	Ae: SEC. SUJEY M ROBLES 5112 TIBER WAY ST. CLOUD, FL 34771
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS itle: MGR-EDWIN A. ROBLES '5112 TIBER WAY ST. CLOUD, FL 34771	Name and Tit Address:	ST. CLOUD, FL 34771
Name and T Address	ride: MGR-EDWIN A. ROBLES '5112 TIBER WAY ST. CLOUD, FL 34771	Name and Tit Address:	ST. CLOUD, FL 34771
Name and T Address Name and Ti Address	ride: MGR-EDWIN A. ROBLES '5112 TIBER WAY ST. CLOUD, FL 34771	Name and Tit Address: Name and Tit Address: Address:	ST. CLOUD, FL 34771

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Name an	d Title:	Name and Title:	
Address		Address:	
	·*····································		
ARTICLE VI	REGISTERED AGENT	and a state of the	
	lorida street address (P.O. Box NOT acceptate ROSE I. DELGADO	sie) of the registered agent is.	
Name:	1627 E. VINE STREET SUITE 125		, <u>.</u>
Address:	KISSIMMEE, FL. 34744		20 80
			RETARY OF ST A I ALLAHASSEE, FL
ARTICLE VII	INCORPORATOR		五名
The <u>name and a</u>	ddress of the Incorporator is.		OF SSE
Name:	EDWWIN A. ROBLES		E, F
Address:	5112 TIBER WAY		TE
	ST. CLOUD, FL 34771		
Effective date, i	f other than the date of filing:		
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days	prior or 90 days after th
	e inserted in this block does not meet the appl		nts, this date will not be li:
the document s	effective date on the Department of State's re-	corus.	
Having been na certificate, I am	med as registered agent to accept service of pro- familiar with and accept the appointment as r	ocess for the above stated corpora egistered agent and agree to act i	tion at the place designated in this capacity
	#		08/19/2021
	Required Signature/Registered Ages	1[Date
	cument and affirm that the facts stated here		
	cument and affirm that the facts stated here. Department of State constitutes a third degree.		