

9/21/21, 10:09 AM

Division of Corporations

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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 : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

## FLORIDA PROFIT/NON PROFIT CORPORATION

### JParra Trucking Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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**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:

JParra Trucking Corp

**ARTICLE II PRINCIPAL OFFICE**

21650 FM 1093 RD Unit 4120

Principal street address

Mailing address, if different is:

Richmond, TX 77407

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any And All Lawful Purposes

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jorge Barnuevo - President

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

Address: 21650 FM 1093 RD Unit 4120

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

Richmond, TX 77407

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 AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Alex Pina Co  
Address: 8400 NW 36th St Ste 450  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Jorge Barnuevo  
Address: 21650 FM 1093 RD Unit 4120  
Richmond, TX 77407

**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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date