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**Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

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Account Name : MAS INSURANCE & ACCOUNTING LLC
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brenda.mas@aol.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
JVK TRUCKING SERVICES INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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HL

COVER LETTER

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

SUBJECT: JVK Trucking Services 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: Jorge L. Saez Cardona
Name (Printed or typed)
17454 S. Hwy 475
Address
Summerfield, FL 34491
City, State & Zip
407 655 6373
Daytime Telephone number
brenda.mas@aol.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: JVK Trucking Services Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

17454 S. Hwy 475
Summerfield, FL 34491

17454 S. Hwy 475
Summerfield, FL 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all lawful acts

ARTICLE IV SHARESThe number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jorge L. Saez Cardona (P.)

Name and Title: _____

Address 17454 S. Hwy 475

Address: _____

Summerfield, FL 34491Name and Title: Joel Jr Fernandez Cardona (VP)

Name and Title: _____

Address 17454 S. Hwy 475

Address: _____

Summerfield FL 34491

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Jorge L. Saez Cardona
 Address: 17454 S Hwy 475
Summerfield, FL 34491

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge L. Saez Cardona
 Address: 17454 S. Hwy 475
Summerfield, FL 34491

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/11/2022 (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

[Signature]
 Required Signature/Registered Agent

3/11/2022
 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.

[Signature]
 Required Signature/Incorporator

3/11/2022
 Date