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## COVER LETTER

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

SUBJECT: JDM TRANSPORT INC

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total filing fee	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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From: MARIO DIAZ

Name (printed or typed)

1633 NW 15TH TER

Address

CAPE CORAL FL 33993

City, State & Zip

786-201-0535

Daytime Telephone Number

FINO@ALCARRIERSERVICES.COM

E-mail address: (to be used for future annual report notification)

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, MARIO DIAZ, PRESIDENT  
(Name) (Title)  
of JDM TRANSPORT INC, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is FLORIDA  
(Foreign Corporation)

2. The jurisdiction and date of its formation is NC  
FL 10/19/2022

3. The name of the domesticated corporation is JDM TRANSPORT INC

4. The jurisdiction of formation of the domesticated corporation is Florida

5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

[Signature]  
(Authorized Signature)

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JDM TRANSPORT INC

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

JDA TRANSPORT INC

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

1633 NW 15TH TER

CAPE CORAL FL 33993

Mailing Address

1633 NW 15TH TER

CAPE CORAL FL 33993

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MARIO DIAZ

1633 NW 15TH TER

CAPE CORAL FL 33993

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

10/19/2022  
Signature /Registered Agent

10/19/2022  
Date

**ARTICLE V DIRECTORS AND/OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: MARIO DIAZ (PRESIDENT)

Address: 1633 NW 15TH TER  
CAPE CORAL FL 33993

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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


Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

I submit this document and affirm that the facts stated herein are true. I am aware that 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/Authorized Person

\_\_\_\_\_  
Date

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DEPT  
TALLAHASSEE, FL