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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

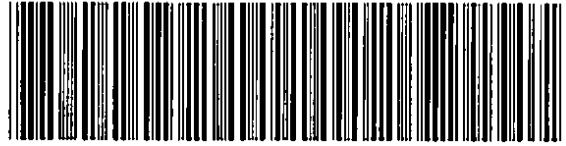
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/14/23

NAME: JC SERVICES AND TRUCKING CORP


TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: JC Services and Trucking Corp
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Julio Cesar Sanchez
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

Julisanchezvalerio@gmail.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: JS Services and Trucking Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

103 NW 15 place
Pompano Beach, FL 33060

Mailing address, if different is:

103 NW 15 place
Pompano Beach, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any And All legal Business

ARTICLE IV SHARES

The number of shares of stock is: 60 / 40

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julio Cesar Sanchez / P.

Address: 103 NW 15 place
Pompano Beach, FL 33060

Name and Title: Juan Sanchez Silva / V.

Address: 103 NW 15 place
Pompano Beach, FL 33060

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2020 AUG 11 PM 2:39

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: Julia Cesar Sanchez

Address: 103 NW 15 place
Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Julia Cesar Sanchez

Address: 103 NW 15 place
Pompano Beach, FL 33060

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7.25.2023 (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

08/08/23
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

08/08/23
Date

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