

From: Raul Chavez
1/12/24, 3:34 PM

Fax: (850) 617-6381

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 : CUSI CONSULTING, INC.
Account Number : I20230000150
Phone : (786)616-3495
Fax Number : (305)714-3014

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Shinning Over Jax, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Shinning Over Jax, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8050 Arlington Expy, Apt F708Jacksonville, FL 32211**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Transportation Service**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Yoel D. Hurtado, Presidente

Name and Title: _____

Address 8050 Arlington Expy, Apt F708

Address: _____

Jacksonville, FL 32211

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

Name: Yoel D. Hurtado Delgado
Address: 8050 Arlington Expy Apt F708
Jacksonville, FL 32211

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Yoel D. Hurtado Delgado
Address: 8050 Arlington Expy Apt F708
Jacksonville, FL 32211

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
01/12/2023
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.

Required Signature/Incorporator
01/12/2023
Date