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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

: (305)714-3014 Fax Number

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

JRT Transportation Services, Inc.

Certificate of Status	()
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Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporati	ion shall be: JRT Transporta	tion Services, Inc.	. * ***
ARTICLE II PRINC			ddress, if different is:
11741 SW 180	Street		
	77		
	SE ne corporation is organized is: To		
			·
ARTICLE 3' INITIAL	<u>S</u> tock is: 1.000 <i>LOFFICERS AND/OR DIRECTOR</i> Jasel Ruano, President	<u>N</u>	
Address			
Address	Miami, FL 33177		
Name and Title:		Name and Title:	
Address		Address:	
			7.5
Name and Title:		Name and Title:	FEB 7
Address			5 5
Address			二市 革 霍
			57.

com	. D.	^	h - 1	

From: Raul Chavez Fax: 1305/143014 To: Division of Corporations Fax. (850) 617-6381

Page: 3 at 3 02/18/2024 8:35 PM

Name and Title:		Name and Title:	Name and Title:		
Address				····	
ARTICLE VI RE The name and Flori	GISTERED AGENT da street address (P.O. Box NOT acceptal	ole) of the registered agent is:			
Name: _	Jasel Ruano	·			
Address:	11741 SW 180 Street				
<u></u>	Miami. FL 33177				
ARTICLE VII _INC					
The <u>name</u> and addre	ess of the Incorporator is:				
Name:	Jasel Ruano				
Address:	11741 SW 180 Street				
	Miami, FL 33177				
(If an effective date filing.) Note: If the date inse	FECTIVE DATE: or than the date of filing: is listed, the date must be specific and e erted in this block does not meet the applicative date on the Department of State's reco	annot be more than five da cable statutory filing requirer	ys prio		
Having been named a certificate. I am famil	is registered agent to accept service of proc iar with and accept the appointment as reg	ess for the above stated corpo vistered agent and agree to ac	ration a t in this	it the place designated in this capacity	
	Registered Signature/Registered Agent			02/17/2024	
Lyabmit this docume	nt and affirm that the facts stated herein	and term I am am a short		Date	
document to the Depu	riment of State constitutes a third degree f	dre true. I am aware mar ti clony as provided for in s.817	ie jaise A55, F	Anjormation submitted in a S.	
	\$ X			02/17/2024	
Required Signature	Vorgerator		Date	TARCARAN.	