

TRANSMITTAL LETTER

P 99000106256

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

000003062010--8
-12/06/99--01118--007
*****78.75 *****78.75

SUBJECT: SMJ TRUCKING INC.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC -6 PM 12:57

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MOTILALL JAIRAM
Name (Printed or typed)

7370 NW 29 ST
Address

MARGATE, FL. 33063
City, State & Zip

954 - 761-5176
Daytime Telephone number

F. O. 156687 DEC 8 1999

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SMJ TRUCKING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7370 NW 29 ST
MARGATE, FL. 33063

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MOTILALL JAIRAM
7370 NW 29 ST
MARGATE, FL. 33063

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MOTILALL JAIRAM
7370 NW 29 ST
MARGATE, FL. 33063

M. Jaoram
Signature/Incorporator

12/03/99
Date

(An additional article must be added if an effective date is requested.)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

M. Jaoram
Signature/Registered Agent

12/03/99
Date

FILED
99 DEC -6 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA