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Division of Corporations

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From:

Account Name : TRAMILEX LLC Account Number : I20150000086 Phone : (786)469-9163 Fax Number : (305)848-3716

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 **JAGP TRANSPORT INC**

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From: Erik Gonzalez

COVER LETTER

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

JAGI	TRANSPORT INC				
SUBJECT:	(PROPOSED CORPORA)	TE NAME - <u>MUST INCL</u>	JDE SUFFIX)		
Enclosed are an o	riginal and one (1) copy of the arti	cles of incorporation and	l a check for:		
\$70.00	\$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee.		
J	& Certificate of Status	& Certified Copy			
		{	& Certificate of		
			Status		
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED		
		<u> </u>			
FROM:	JOSE A. GARCIA PADILLA				
1703777	Name	(Printed or typed)			
ı	6565 W 26th DR APT 202				
-		Address			
	HIALEAH, FL 33016				
-	City.	State & Zip			
	(754) 269-7611				
-	Daytime Telephone number				
	josealegarcia 1999@yahoo.com				
-	E-mail address: (to be used	d for future annual report	notification)		

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

Page: 4 of 5

2025-02-21 22:30:09 GMT # C \$UUUU 6++\$U \(\) 13054022854

From: Erik Gonzalez

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporat	ion shall be:	· · · · · · · · · · · · · · · · · · ·	
ARTICLE II PRINCIPAL OFFICE		Mailing adds	ress. if different is:
6565 W 26th DR APT 2	Principal <u>street</u> address 02	SAME ADRESS	
HIALEAH, FL 33016			
	SE ANY AND ANY AND ANY AND ANY AND		
			;
ARTICLE V INITIA	ES stock is: L. OFFICERS AND/OR DIRECTORS	Name and Title:	: 17 2:42 : 17 2:42
Name and Title	COCCULACION NOTICAL		
Address	111AL.EAH, FL 23016	Address:	
N d Tial-		Name and Title:	
Address		,	
Name and Title		Name and Title:	
Address			
			

Name ai	nd Title:	Name and Title:			
Addres	S	Address:			
ARTICLE VI	REGISTERED AGENT	Color and annual			
The <u>name and F</u> Name:	Florida street address (P.O. Box NOT acceptable) JOSE A. GARCIA PADILLA	of the registered agent is:			
Address:	6565 W 26th DR APT 202				
	HIALEAH, FL 33016				
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>				
The name and a	address of the Incorporator is:				
Name:	JOSE A. GARCIA PADILLA	_		F-7	
Address:	6565 W 26th DR APT 202			· ·	
	HIALEAH, FL 33016	_			
. D.T.C. C 17111	CEPECTIVE NATE.		,		:
COC-mine data	date is listed, the date must be specific and can	. (OPTIONAL) not be more than five business	days prior	で 200 pa い	, usiness
Note: If the dat	te inserted in this block does not meet the applicab effective date on the Department of State's record	ble statutory filing requirements.	this date w	ill not be	listed as
Having been no this certificate.	imed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corporal registered agent and agree to act	tion at the p	nlace des acity	ignated is
			02/20/20	125	
	Required Signature/Registered Agent			Date	
I submit this do	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fe	ire true. I am aware that the fal. lony as provided for in s.817.155	se informa , F.S.	tion subr	nitted in i
	13		02/20/20	025	
Red	uired Signature/Incorporator		 -	Date	