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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

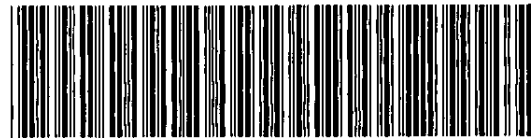
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG 20 AM 11: 55

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 20 PM 3: 23

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

We Ship, Inc

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SETH 08/19/14

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2014

CAPITAL CONNECTION, INC.
% SETH
TALL., FL

SUBJECT: WE SHIP, INC
Ref. Number: W14000051261

We have received your document for WE SHIP, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The city, state and zipcode must be added to the principal place of business. Please verify the street number for the principal place of business and the Chairmans address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 714A00017998

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 20 PM 3:24

1. WESHIP, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Washington 3. 46-3384716
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/15/2006 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 8/20/2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 15640 NE Forth Plains Blvd Suite 106-107 Vancouver, WA 98682
(Principal office address)
175 SW 7th Street Suite 1900 Miami Florida 33130
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nichole Williams

Office Address: 175 SW 7th Street Suite 1900

Miami, Florida 33130
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donavon R Brown

Address: 15460 NE Forth Plains Blvd #106-107

Vancouver, WA 98682

Vice Chairman: Alexis K Vaughan

Address: 175 SW 7th Street Suite 1900

Miami, Florida 33130

Director: T. N Williams

Address: 175 SW 7th Street Suite 1900

Miami, Florida 33130

Director: _____

Address: _____

B. OFFICERS

President: T. N Williams/Nichole Williams

Address: 175 SW 7th Street Suite 1900

Miami, Florida 33130

Vice President: D. R Brown/Donavon Brown

Address: 175 SW 7th Street Suite 1900

Miami, Florida 33130

Secretary: _____

Address: _____

Treasurer: R R Robinson

Address: 175 SW 7th Street Suite 1900 Miami, Florida 33130

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. _____

Donavon R Brown/Chairman

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

WESHIP, INC.

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 7/15/2014

UBI Number: 603-420-235



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 7/17/2014