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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Indiana Shipping Solutions Inc. (Name of corporation faust include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:  Brian T. Willey (Name of Person)	
Indiana Shipping Solutions Inc.	
9406 Sunnyoak Ar. (Address)	-
(City/State and Zip code)	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:    Drian   Willey   at (813) 810-0204   Property   Concerning this matter, please call:   (Name of Person)   (Area Code & Day time Telephone Number)   OFFICE   STATE   S	
STREET ADDRESS:  Registration Section Division of Corporations  409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee	

5.

## 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. Indiana Shipping Solutions 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) Nevada 3. 34-2007802 (State or country under the law of which it is incorporated) (FEI number, if applicable) 7-20-2004
5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual") 7-20-200 4
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) unnyoak Or. Riverview, Fc. 33569
(Principal office address) P.O. Box 1661 Riverview, FL- 33568-1661
(Current mailing address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 10. 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.

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

A. DIRECTORS	
Chairman: Brian T. Willey	
Address: 9406 Sunnyoak Of	
Ewerview, Fc. 33569	
Vice Chairman:	
Address:	
The state of the s	
Director: Brian T- Willey	we take a second of
Address: 9406 Sohnyoak Or.	
Riverview, Fc. 33569	<u>, •, •, •, •</u>
Director: Bhan T. Willey	
Address: 9406 Sunnyoak Dr.	<u>en garage</u>
Riverview, FL- 33569	
B. OFFICERS	
President: Brian T- Willey	
Address: 9404 Sunnyook Dr.	<u> </u>
Liverview Ft. 33569	
Vice President: Buan T- Willey	ASS T
Address: 9406 Sunnyaak Dr.	
Riverview, Ec. 33569	, S. 15.
Secretary: Bran T- Willey	<u> </u>
Address: 9406 Sunnyale Dr. Riverview, Fr. 3	3569
Treasurer: Report Landy	
Address: 9406 Sunnyak DI. PIVERVIEW, FC.	33569
•	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13. Signature of Director or Officer listed in number 12 of the application	)
Brian T. Willey	
(Typed or printed name and capacity of person signing application)	



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INDIANA SHIPPING SOLUTIONS INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 20, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on September 2, 2004.

Som Helle

DEAN HELLER Secretary of State

Ву

Certification Clerk

