

(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SEORETARY OF STA TALLAHASSEE, FLORE

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## **COVER LETTER**

TO:	New Filing Se Division of Co					
SUBJ	ECT:		SCAN S	HIPPI	NG INC.	
0020		(Nam	e of corpo	ration - m	ust include suff	ix)
Dear S	Sir or Madam:					
"Certif	ficate of Exister	ice," and check are				
Please	return all corre	spondence concern	ing this m	atter to the	following:	
			STEEN	DYRHOI	LM.	
			(Nam	e of Perso	on)	
			SCAN S	нірріі	NG INC.	
	OF New Filing Section Division of Corporations  SUBJECT: SCAN SHIPPING INC.  (Name of corporation - must 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 ransact business in Florida.  Please return all correspondence concerning this matter to the following:  STEEN DYRHOLM (Name of Person)  SCAN SHIPPING INC.  (Firm/Company)  80 WASHINGTON STREET  (Address) HOBOKEN, NJ 07030 (City/State and Zip code)  For further information concerning this matter, please call:  STEEN DYRHOLM at (201 ) 216-1500 (Name of Person)  STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:  STROUGHER Copy  STRING TARREST SEILING Fee & STR.75 Filing Fee & Certificate of Status & Certified Copy  Certificate of Status & Certified Copy  Certificate of Status & Certified Copy  Certificate of Status & Certified Copy					
			80 WAS	HINGTO	ON STREET	
			(/	Address)		-
			новок	en, nj	07030	
			(City/St	ate and Z	p code)	
		•	•			
S						
	(Name of Per	rson)	(A	rea Code	& Daytime Tel	ephone Number)
	New Filing Son Division of C Clifton Building 2661 Executive	ection orporations ing ve Center Circle	SS:		New Filing Division o P.O. Box 6	g Section f Corporations 5327
Enclos	sed is a check for	or the following am	ount:			
X \$70	.00 Filing Fee					Certificate of Status &

## 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.

	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
		adopted for the purpose of transacting business in Florida (20-4102235)
(If name unavaila	ble în Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid
NEW JERS	SEY3.	20-4102235 呈剪 🔀
(State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)
JAN. 11	, 2006 5.	N/A MG
(Date o	of incorporation)	(FEI number, if applicable)  N/A  (Duration: Year corp. will cease to exist or "perpetual")
PENDING	REGISTRATION	
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)
9960 116	TH WAY, SUITE 10, MEDLEY	r, FL 33178
	(Principal office add	iress)
80 WASHI	INGTON STREET, HOBOKEN, I	NJ 07030
	(Current mailing add	
SERVICES	S INCIDENTAL TO THE SHIPM	MEDIARY, AND FOR THE PURPOSE OF PROVIDING MENT/TRANSPORTATION OF GOODS AND FREIGHT
(Purpose(s)	of corporation authorized in home state or co	ountry to be carried out in state of Florida) IN FOREIGN AND
Name and street	address of Florida registered agent: (P.C	DOMESTIC COMMERC  D. Box NOT acceptable)
Name:	CT CORPORATION SYSTEM	
fice Address:	1200 SOUTH PINE ISLAND	ROAD
	PLANTATION	, Florida33324
	(City)	(Zip code)

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)

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:

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Chairman: _	STEEN DYRHOLM	SECRETARY OF STATE
Address:	80 WASHINGTON STREET, HOBOKEN, NJ 07030	ACOLE, FLORIDA
Vice Chairm	nan;	
Address:		
Director:	HENRIK KJAERENG	
Address:	20 PULASKI STREET, BAYONNE, NJ 07002	
Director: _	`	
Address:		
B. OFFIC	STEEN DYRHOLM	
Address:	80 WASHINGTON STREET, HOBOKEN, NJ 07030	
Vice Preside	ent:	
Address:		
Secretary: _	STEEN DYRHOLM	
Address:	80 WASHINGTON STREET, HOBOKEN, NJ 07030	
Treasurer: _ SS'T SECY	HENRIK KJAERENG	
Address:	20 PULASKI STREET, BAYONNE, NJ 07002	
NOTE: If	necessary, you may attach an adder flum to the application listing additional off	ficers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application	ion)
	STEEN DYRHOLM, PRESIDENT	ion <i>)</i>
14	(Typed or printed name and canacity of person signing application	1)



