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

Office Use Only



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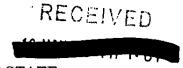
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FLORIDA DEPARTMENT OF STAFFER OF CORPORATIONS Division of Corporations

May 19, 2010

RECEIVED JUN - 1 2010

PETER DIPACE JR. 3301 NE 1ST AVENUE, NO. 2604 MIAMI, FL 33137

SUBJECT: COMAGE CONTAINER LINES INC.

Ref. Number: W10000024443

We have received your document for COMAGE CONTAINER LINES INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The registered agent must sign accepting the designation.

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) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 610A00012677

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Comage Container Lines, Inc.	
	oration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Peter DiPace Jr.	
Na	une of Person
Florida Legal Group P.L.	
Fire	m/Company
3301 NE 1st Avenue, No. 2604	
	Address
Miami, Florida 33137	
City/	State and Zip code
peter@floridalegalonline.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	lease call:
Peter DiPace Jr. at (30	95) 797-8282
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
2) \$70.00 Filing Fee \$78.75 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.

1. Comage Conf	tainer Lines Inc.	
	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
(If name unavai	lable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in florida)
2. Canada		3.
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 12/17/2007	-	5. "perpetual"
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. <u>n/a</u>		
٠		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. 4770 Biscayne	Boulevard, Suite 800, Miami, FL 33137	
	(Principal office a	address)
4770 Biscayne	Boulevard, Suite 800, Miami, FL 33137	
		P.O. Box NOT acceptable)
Name:	Joshua Kochath	
Office Address:	4770 Biscayne Boulevard, Suite 800	
	Miami	, Florida 33137
	(City)	(Zip code)
Having been nam designated in this further agree to co	application, I hereby accept the appoin	

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: Joshua Kochath	
Address: 4770 Biscayne Boulevard, Suite 800, Miami, FL	33137
	* - * - * * * * * * * * * * * * * * * *
Vice Chairman:	
Address:	
	
Director:	
Address:	
Director:	
Address:	
D. OPPICEDS	U to
B. OFFICERS	SEE THE
Address: 4770 Biscayne Boulevard, Suite 800, Miami, FL	33137
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	• · · · · · · · · · · · · · · · · · · ·
Address:	
NOTE: If necessary, you may attach an addendum to the applicat	ion listing additional officers and/or directors
13	ion name additional officers and/of difectors.
(Signature of Director or Officer listed in n	umber 12 of the application)

Toshua Kocit ATI , DIRECTOR
(Typed or printed name and capacity of person signing application)

Certificate of Existence

Certificat d'existence

Canada Business Corporations Act s. 263.1(1)(c) Loi canadienne sur les sociétés par actions par. 263.1(1)(c)

Comage Container Lines Inc.

Corporate name / Dénomination sociale

689187-0

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation named above was in existence under the *Canada Business Corporations Act* on 2010-04-13 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société ci-dessus mentionnée existait en vertu de la *Loi canadienne sur les sociétés par actions* le 2010-04-13 (AAAA-MM-JJ).

Aïssa Aomari

Deputy Director / Directeur adjoint

2010-04-13

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)