

L16000171535

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : HUBCO
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16 SEP 13 11:33:53
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16 SEP 13 PM 4:50
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KRH@KENHIGGINS CPA.COM

FLORIDA LIMITED LIABILITY CO.
PREMIER SHIPPING USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

9-14-14
3

H16000227449

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREMIER SHIPPING USA LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5005 COLLINS AVE #1019
MIAMI, FLORIDA 33410

5005 COLLINS AVE #1019
MIAMI, FLORIDA 33410

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

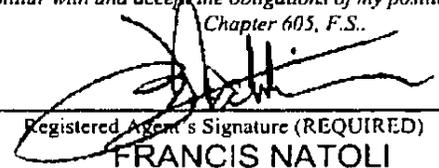
FRANCIS NATOLI
Name

5005 COLLINS AVE #1019
Florida street address (P.O. Box **NOT** acceptable)

MIAMI City FL 33410 Zip

16 SEP 13 PM 4:50
RECEIVED
FLORIDA SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)
FRANCIS NATOLI

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:
FRANCIS NATOLI
5005 COLLINS AVE # 1019
MIAMI, FLORIDA 33410

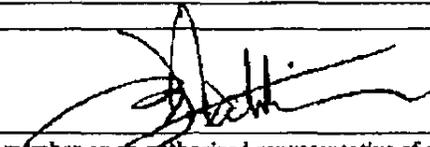
16 SEP 13 PM 4:50
STATE OF FLORIDA
DEPARTMENT OF STATE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0205 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

FRANCIS NATOLI

Typed or printed name of signee