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	() Reinstatement	2 2	
() Limited Partnership	() Annual Report	() Other	
(X) LLC	() Name Registration	() Change of RA	
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() Call When Ready	() Call If Problem	() After 4:30	
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W.P. Verifier		Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	TIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR THE STATE OF FLORIDA:
CP Ships US Agency, LLC	m limited liability company)
(Name of foreig	m limited liability company)
Delaware	3. 81-0557447
(Jurisdiction under the law of which foreign limited liability company is organized)	m limited liability company) 3. 81-0557447 (FEI number, if applicable) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
June 19, 2002	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
July 19, 2002	
(Date first transacted business in Florida, (S	See sections 608.501, 608.502, and 817.155, F.S.)
401 E. Jackson Street, Suite 3300	
Tampa, FL 33602	
(Street addre	ess of principal office)
If limited liability company is a manager-manage	ed company, check here
The usual business addresses of the managing me	embers or managers are as follows:
John W. Murray, 401 E. Jackson, Suite 3300, Tampa, FL	. 33602
J.P. LaCasse, 401 E. Jackson, Suite 3300, Tampa, FL 33	602
	90 days old, duly authenticated by the official having custody of rec
; jurisdiction under the law of which it is organized. (A photoc uslation of the certificate under oath of the translator must be st	copy is not acceptable. If the certificate is in a foreign language, a
The state of the s	
. Nature of business or purposes to be conducted	or promoted in Florida: shipping agent
Ma Mann	
A LUCION	
	authorized representative of a member.
), F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
J.P. LaCasse	
Typed or print	red name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

TANGE CORPORD 1:31 PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Lia	ability Company is:	
CP Ships US: Agency, LLC		
2. The name and the Florida st	reet address of the registered agent and office are:	•
C T Corporation S	ystem	
	(Name)	
c/o C T Corporation	n System, 1200 South Pine Island Road	
Florida street address (P.O. Box NOT ACCEPTABLE)		
Plantation	FL 33324	
	City/State/Zip	

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 608, F.S.

C T Corporation System James A. Bordonaro Assistant Secretary

> \$ 100.00 Filing Fee for Application Designation of Registered Agent 25.00 \$ 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

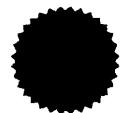
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CP SHIPS US AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.





3538781 6300

AUTHENTICATION: 1968954

TOTAL P.04