

TRANSMITTAL LETTER

P00000062479

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
00 JUN 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: All Island Shipping, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Eardley O. Henry
Name (Printed or typed)

180 Wellington Drive

Address

Palm Coast, FL 32164

City, State & Zip

(904) 447-3821

Daytime Telephone number

000003304240--9
-06/26/00--01071--006
*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles.

BROWN JUN 27 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

All Island Shipping, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

180 Wellington Drive
Palm Coast, FL 32164

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eardley O. Henry
180 Wellington Drive
Palm Coast, FL 32164

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Eardley O. Henry, President


Signature/Incorporator

6/23/00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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.


Signature/Registered Agent

6/23/00
Date

FILED
00 JUN 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA