

P030000037184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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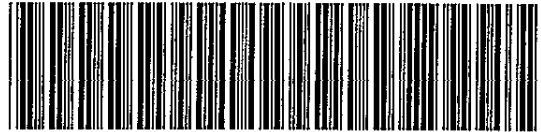
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: AFRICAN EURO SHIPPING LINE INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: INNOCENT O CHINWEZE P.A. (LAW OFFICES)

Name (Printed or typed)

300 SOUTH PINE ISLAND ROAD

Address

PLANTATION FOLORIDA 33068

City, State & Zip

954-452-4322

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

AFRICAN EURO SHIPPING LINE INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2221 NW 60 TERRACE  
SUNRISE FLORIDA 33313

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CARRY ON ANY LAWFUL BUSINESS PURPOSE  
TO CARRY ON BUSINESS AS A SHIPPING AGENT AND FREIGHT FOWARDING  
ACROSS THE GLOBE

### ARTICLE IV SHARES

The number of shares of stock is:

10,000 ORDINARY SHARES OF \$1.00 PAR VALUE

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CHIJOKE AZUOGU (PRESIDENT)  
2221 NW 60 TERRACE SUNRISE FLORIDA 33313

### ARTICLE VI REGISTERED AGENT

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

INNOCENT O CHINWEZE P.A. (LAW OFFICES)  
300 SOUTH PINE ISLAND ROAD SUITE 248  
PLANTATION FL.33324

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

INNOCENT O CHINWEZE P.A. (LAW OFFICES)  
300 SOUTH PINE ISLAND ROAD SUITE 248  
PLANTATION FLORIDA 33324

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Innocent O Chinweze  
Signature/Registered Agent

3-24-03  
Date

Innocent O. Chinweze  
Signature/Incorporator

3-24-03  
Date

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03 MAR 27 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA