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| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
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| (Address)                               |  |  |  |
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| (6) 10 7 7 10                           |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
| ,                                       |  |  |  |
| (Decument Number)                       |  |  |  |
| (Document Number)                       |  |  |  |
|   |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| <b>3</b>                                |  |  |  |
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Office Use Only



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# **COVER LETTER**

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

| SUBJECT: Antill      | es Wholesale Company  | 1  |  |
|----------------------|---|--|--|
|                      | (PROPOSED CORPORA   | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)  |
|                      |   |  |  |
| Enclosed are an orig | ginal and one (1) copy of the artic                               | cles of incorporation and                          | a check for:   |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status                        | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED |
| FROM:                |   | ika Sharma   |  |
|                      | Name (Printed or typed)  2809 Spring Forest Road Ste 201  Address |  |  |
|                      | Raleigh, NC 27616  City, State & Zip                              |  |  |
|                      | (919) 954-7272  Daytime Telephone number                          |  |  |

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

# 2007 AUG 29 PM

# 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:

**Antilles Wholesale Company** 

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5534 Pine Street Drive Miami Beach, FL 33140 5001 Deer Creek Trail Raleigh, NC 27616

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Vessel Rental

#### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Joseph C Burke - 5001 Deer Creek Trail, Raleigh, NC 27616 (President) Teresa Burke - 5001 Deer Creek Trail, Raleigh, NC 27616 (Vice-President)

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph C Burke 5534 Pine Street Drive Miami Beach, FL 33140

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Joseph C Burke 5001 Deer Creek Trail Raleigh, NC 27616

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

| ABC                        | 08/03/07 |
|----------------------------|----------|
| Signature/Registered Agent | Date     |
| J. Bh                      | 08/03/07 |
| - Signature/Incorporator   | Date     |