

P10000025418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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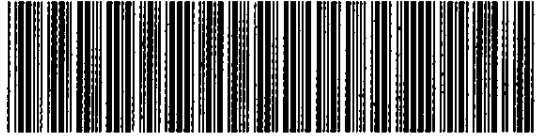
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 22 PM 3:36

APPROVED
AND
FILED



VH



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

SUBJECT: LUDFORD SHIPPING, 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	 \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: LUDFORD SHIPPING, INC
Name (Printed or typed)

3120 NW 171st STREET
Address

OPA LOCKA FL 33056-4334
City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

10 MAR 22 PM 3: 34

Articles of Incorporation SECRETARY OF STATE
TALLAHASSEE, FLORIDA
of
Ludford Shipping, Inc.

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

ARTICLE I
CORPORATE NAME

The name of this corporation is **Ludford Shipping, Inc.**

ARTICLE II
PRINCIPAL OFFICE

The principal place of business/mailing address is:

3120 NW 171st Street
Opa Locka FL 33056-4334

ARTICLE III
PURPOSES

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

ARTICLE IV
STOCK

The aggregate number of shares that this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V
CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

**ARTICLE VI
LIABILITY OF DIRECTORS**

Pursuant to the General Corporation Laws of the State of Florida, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

**ARTICLE VII
BOARD OF DIRECTORS**

The name and address of each person serving as a member of the initial Board of Directors are:

Christopher King
3120 NW 171ST street
Opa Locka, FL 33056-4334

**ARTICLE VIII
INCORPORATOR**

The name and address of the incorporator is:

Christopher King
3120 NW 171ST Street
Opa Locka, FL 33056

**ARTICLE VIV
REGISTERED AGENT**

The name and Florida Street address of the registered agent is

Christopher King
3120 NW 171ST Street
Opa Locka, FL 33056-4334

.....
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.

Cking
Signature of Registered Agent

3/12/10
Date

IN WITNESS WHEREOF, the incorporator(s) has/have hereunto set his/her/their hand this 12th day of March, 2010

INCORPORATOR (S):

Cking
Signature

Signature

Cking
Signature

Signature

STATE OF FLORIDA

COUNTY OF BROWARD

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 22 PM 3:34

APPROVED
AND
FILED

The foregoing instrument was acknowledged before me on this 12th day of March, 2010, by CHRISTOPHER KING who is personally known to me or who has produced FL DRIVERS LIC as identification.

L. J. McBride
Notary Public

LJ McBride
Signature of Notary Public-State of FL



L. J. McBride
Commission # DD527962
Expires April 22, 2010
Bonded Troy Farm Insurance, Inc. 800-385-7019

My Commission expires: 4/22/10

Personally Known X OR Produced Identification
Type of Identification Produced FL DRIVERS LICENSE