

P1000053369
BLUMBERG/EXCELSIOR
Division of Corporations
Fax 888-617-9257
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KROON SHIPPING CORPORATION

Certificate of Status	0
Certified Copy	0
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6/25/10

ARTICLES OF INCORPORATION

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

FL. CL.
SECRETARY OF STATE
DIVISION OF CORPORATION

2010 JUN 24 PM 3:16

ARTICLE I NAME

The name of the corporation shall be:

KROON SHIPPING CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

C/O Mid-Ship 2855 Le Jeune Road, Suite 815, Coral Gables,
FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Purpose

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Susan Herzog - Officer
and Director
525 Claflin Ave.,
Manhasset Neck, NY 10543

Michael Berg- Officer
and Director
3777 White Birch Ct.,
Wantagh NY 11793

ARTICLE VI REGISTERED AGENT

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

BlumbergExcelsior Corporate Services, INC.
515 East Park Ave., Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephanie Wright

C/O Blumberg Excelsior

62 White Street New York, NY 10013

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

Signature/Registered Agent

Signature/Incorporator

Date

Date