



**COVER LETTER**

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

**SUBJECT: A2B Shipping and Logistics, 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

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

**FROM: Jason Watkins**  
Name (Printed or typed)

**266 Elmwood Ave Suite 282**  
Address

**Buffalo, NY 14222**  
City, State & Zip

**352-536-5164**  
Daytime Telephone number

**jason@thegutterexperts.com**  
E-mail address: (to be used for future annual report notification)

**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)

APPROVED AND FILED

**ARTICLE I NAME**

The name of the corporation shall be: A2B Shipping and Logistics, Inc.

11 DEC -6 PM 3:17

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3109 Samosa Hill Circle  
Clermont, FL 34714

Mailing address, if different is  
266 Elmwood Lane/Suite 282  
Buffalo, NY 14222

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Logistics of Transporting Goods and Services Worldwide

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jason Watkins President Name and Title: \_\_\_\_\_  
Address: 3109 Samosa Hill Circle Address: \_\_\_\_\_  
Clermont, FL 34714

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jason Watkins  
Address: 3109 Samosa Hill Circle  
Clermont, FL 34714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jason Watkins  
Address: 3109 Samosa Hill Circle  
Clermont, FL 34714

*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]  
Required Signature/Registered Agent

Dec 5, 2011  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

[Signature]  
Required Signature/Incorporator

Dec 5, 2011  
Date