

P/20000085043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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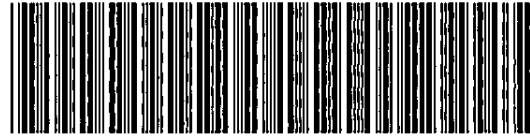
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K 10/08/12

COVER LETTER

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

SUBJECT: Italian Seaways Dominicana, 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: Stephen J. Kolski
Name (Printed or typed)

2600 Douglas Road, Suite 1003
Address

Coral Gables, FL 33134
City, State & Zip

305-371-9575 x 115
Daytime Telephone number

magnusa@itwaysusa.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)

ARTICLE I NAME Italian Seaways Dominicana, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11825 N.W. 100th Road, Suite 1
Medley, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
All purposes authorized by Florida law.

ARTICLE IV SHARES

The number of shares of stock is: Six Hundred (600).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Magnus Andersson
Address: 11825 N.W. 100th Road, Suite 1
Medley, FL 33178

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Stephen J. Kolski
Address: 2600 Douglas Road, Suite 1003
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Magnus Andersson
Address: 11825 N.W. 100th Road, Suite 1
Medley, FL 33178

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.

Stephen J. Kolski
Required Signature/Registered Agent

10-2-2012
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

10/02/12
Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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