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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

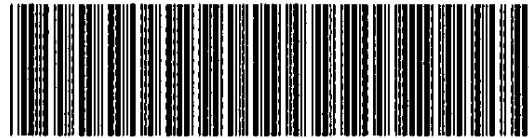
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 12 AM 10:05

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COVER LETTER

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

SUBJECT: LEONEL 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 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: LEONEL ETIENNE

Name (Printed or typed)

304 COLORADO AVE

Address

IMMOKALEE FL, 34142

City, State & Zip

954-839-4095

Daytime Telephone number

LEONELETIENNE259@YAHOO.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

Name of the corporation shall be: LEONEL SHIPPING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

304 COLORADO AVE
IMMOKALEE FL, 34142

Mailing address, if different is:

94 NE 68TH TERRACE
MIAMI FL, 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BUY USED STUFF FROM THE UNITED STATES TO HAITI, SMALL BUSINESS PURPOSES ONLY.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONEL ETIENNE
Address: 304 COLORADO AVE
IMMOKALEE FL, 34142
PRESIDENT

Name and Title: GERVAIS LEFEUVRE
Address: 94 NE 68TH TERRACE
MIAMI FL, 33138
TREASURER

Name and Title: MORICETTE ETIENNE
Address: 304 COLORADO AVE
IMMOKALEE FL, 34142
VP

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA
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(conti.)

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: LEONEL ETIENNE
Address: 304 COLORADO AVE
IMMOKALEE FL, 34142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONEL ETIENNE
Address: 304 COLORADO AVE
IMMOKALEE FL, 34142

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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

Leonel Etienne

Required Signature/Registered Agent

06/10/2013

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.

Leonel Etienne

Required Signature/Incorporator

06/10/2013

Date