

P13 000051222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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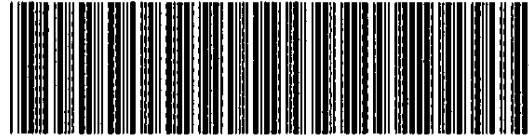
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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**

The 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

(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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TALLAHASSEE FLORIDA

*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