

P1300090932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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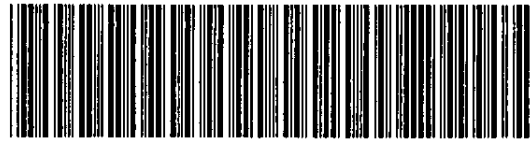
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 29 PM 4:49

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2013

NIYO BAPTISME  
4982 KEY LIME DR UNIT 201  
JACKSONVILLE, FL 32256

SUBJECT: NIYO'S SHIPPING INC.  
Ref. Number: W13000053107

RECEIVED  
13 OCT 29 AM 10: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NIYO'S SHIPPING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 713A00022433

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

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**ARTICLE I NAME**  
The name of the corporation shall be: Niyo's Shipping Inc.

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

4982 Key Lime Dr. Unit 201  
Jacksonville, FL 32256

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Shipping of household goods overseas

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title:	<u>Niyo Baptisme-Manager</u>	Name and Title:	_____
Address	<u>4982 Key Lime Dr. Unit 201</u>	Address:	_____
	<u>Jacksonville, FL 32256</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
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DIVISION OF CORPORATIONS

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: Marie A. Baptisme  
Address: 4982 Key Lime Dr. Unit 201  
Jacksonville, FL 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Niyo Baptisme  
Address: 4982 Key Lime Dr. Unit 201  
Jacksonville, FL 32256

*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*

Marie A. Baptisme  
Required Signature/Registered Agent

9/16/13  
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.*

Niyo Baptisme  
Required Signature/Incorporator

09-16-13  
Date