

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
INTERNATIONAL STEAM SHIP AGENCY INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

NOV 17 2014

S. GILBERT

14 NOV 17 PM 12:42
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H14000267179

ARTICLE I NAME: The name of the corporation is:

INTERNATIONAL STEAMSHIP AGENCY INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

20535 NW 2ND AVE MIAMI FL 33169

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

CHARLES JOSEPH - PRES

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Charles JOSEPH
20535 NW 2nd Ave
Miami FL 33169

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Charles JOSEPH
20535 NW 2nd ave
Miami FL 33109

FILED
CLERK OF CIRCUIT COURT
IN AND FOR
DADE COUNTY
FLORIDA

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Required Signatures:

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

Charles S. Fung _____ Date _____
Registered Agent

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.

Charles S. Fung _____ Date _____
Incorporator

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