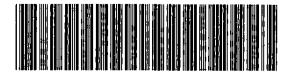
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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

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

_{SUBJECT:} USA	SHIP TO HAIT	I,INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: A	NTONIO JEAN (CHARLES	
		e (Printed or typed)	
71	140 HOOD STRE	EET	
		Address	
H	OLLYWOOD FL,	33024 State & Zip	
78	36-487-8245	State & Zip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ANTONIOCHRL@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

<i>ticle II </i>	PRINCIPAL OFFICE Principal street address THAVE		Mailing address, if different is: HOOD STREET
IAMI FL-3	3168	HOLL	YWOOD FL 33024
	URPOSE ch the corporation is organized is:	Y STUFF F	FROM USA AND SHIF
HEM TO H	14111.		2015
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number of share.			
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR		ANTONIO JEAN CHARLE
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR		ANTONIO JEAN CHARLE
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	Name and Title	7140 HOOD ST
TICLE V I	NITIAL OFFICERS AND/OR DIRECTOR Title: ANTONIO JEAN CHARLES 7140 HOOD ST	Name and Title	7140 HOOD ST
Name and T	NITIAL OFFICERS AND/OR DIRECTOR Fitle: ANTONIO JEAN CHARLES 7140 HOOD ST HOLLYWOOD FL 33024	Name and Title Address:	7140 HOOD ST HOLLYWOOD FL 3302 VP
Name and T	NITIAL OFFICERS AND/OR DIRECTOR Title: ANTONIO JEAN CHARLES 7140 HOOD ST HOLLYWOOD FL 33024 PRESIDENT itle: ANTONIO JEAN CHARLES	Name and Title Address:	7140 HOOD ST HOLLYWOOD FL 3302 VP
Name and T Address Name and T	NITIAL OFFICERS AND/OR DIRECTOR Title: ANTONIO JEAN CHARLES 7140 HOOD ST HOLLYWOOD FL 33024 PRESIDENT itle: ANTONIO JEAN CHARLES	Name and Title Address: Name and Title	7140 HOOD ST HOLLYWOOD FL 3302 VP
Name and T Address Name and T	NITIAL OFFICERS AND/OR DIRECTOR Title: ANTONIO JEAN CHARLES 7140 HOOD ST HOLLYWOOD FL 33024 PRESIDENT ANTONIO JEAN CHARLES 7140 HOOD STREET	Name and Title Address: Name and Title	7140 HOOD ST HOLLYWOOD FL 3302 VP
Name and T Address Name and T Address	NITIAL OFFICERS AND/OR DIRECTOR Title: ANTONIO JEAN CHARLES 7140 HOOD ST HOLLYWOOD FL 33024 PRESIDENT ANTONIO JEAN CHARLES 7140 HOOD STREET HOLLYWOOD FL, 33024	Name and Title Address: Name and Title Name and Title Address:	7140 HOOD ST HOLLYWOOD FL 3302 VP

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fi	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	ANTONIO JEAN CHARLES	
Address;	7140 HOOD STREET	
71461000,	HOLLYWOOD FL, 33024	•
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	ANTONIO JEAN CHARLES	
Address:	7140 HOOD STREET	
	HOLLYWOOD FL, 33024	
Having been nan this certificate, I d	ned as registered agent to occept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
		02/22/2015
	Require Signature Registered Agent	Date
I submit this doc document to the l	ument and affirm that the ficts <u>stated</u> herein are to Department of State constitutes a third degree felong	true. I am aware that the false information submitted in a φ as provided for in s.817.155, F.S.
		02/22/2015
	Required Signature Reportator	Date