

P15000052864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500274036615

06/17/15--01010--001 \*\*78.75

15 JUN 17 PM 4:03  
Filing Office  
Tallahassee, Florida

md 6/19

## COVER LETTER

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

**SUBJECT:** CORPORATE SHIPPERS INTERNATIONAL 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:** MICHAEL O. AWOSANYA

\_\_\_\_\_  
Name (Printed or typed)

7632 SOUTH SIDE BLVD APT 32

\_\_\_\_\_  
Address

JACKSONVILLE, FL. 32256

\_\_\_\_\_  
City, State & Zip

770-885-0122

\_\_\_\_\_  
Daytime Telephone number

MIKETOLA2007@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: CORPORATE SHIPPERS INTERNATIONAL INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7632 SOUTH SIDE BLVD. APT 32

JACKSONVILLE, FL. 32256

Mailing address, if different is:

SAME AS ABOVE

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FREIGHT FORWARDING

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 @\$1.00 per share

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

Name and Title: Michael O. Awosanya - President/CEO

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

Address 7632 South side Blvd. Apt 32

Address: \_\_\_\_\_

Jacksonville, FL. 32256

Name and Title: Elizabeth O Awosanya - Vice President

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

Address 7632 South side Blvd. Apt 32

Address: \_\_\_\_\_

Jacksonville, FL. 32256

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Charles Inije  
Address: 20401 NW 2nd Avenue, Suite 214  
Miami Gardens, FL. 33169

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Michael O Awosanya  
Address: 7632 South side Blvd.  
Jacksonville, FL. 32256

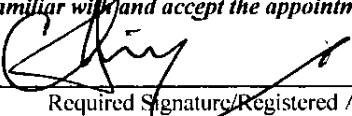
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

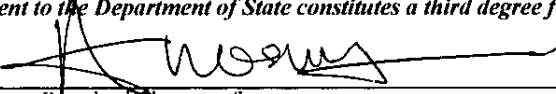
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

06/12/2015  
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.*

  
Required Signature/Incorporator

06/12/2015  
Date

15 JUN 17 PM 1:03  
STATE OF FLORIDA  
DEPARTMENT OF STATE