

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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
WATERWAYS AGENCY INC.**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: WATERWAYS AGENCY INC.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address Mailing address, if different is:
13501 SW 99 ST
MIAMI FL 33186

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PROVIDE SHIPPING AGENCY SERVICES AND OTHER BUSINESS FOR PROFIT

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL IASINSKI, PRES, DIRECTOR
Address: 13501 SW 99 ST
MIAMI FL 33186

Name and Title: LUIS BABZ, VP, S, CHAIRMAN
Address: 5520 NW 104 CT
DORAL FL 33176

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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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: PAUL JASINSKI
Address: 13501 SW 99 ST
MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL JASINSKI
Address: 13501 SW 99 ST
MIAMI FL 33186

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.

Paul Jasinski
Required Signature/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.817.135, F.S.

Paul Jasinski
Required Signature/Incorporator

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Date

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