## P18622029560

| (Requestor's Name)                      |             |             |  |
|---|-------------|-------------|--|
| (Address)                               |             |             |  |
| (Address)                               |             |             |  |
| (City/State/Zip/Phone #)                |             |             |  |
| PICK-UP                                 | WAIT        | MAIL        |  |
| (Business Entity Name)                  |             |             |  |
| (Document Number)                       |             |             |  |
| Certified Copies                        | Certificate | s of Status |  |
| Special Instructions to Filing Officer. |             |             |  |
|   |             |             |  |
|   |             |             |  |
|   |             |             |  |

Office Use Only

M. MOON MAR 22 2018



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FILTU 18 MAR 21 PM 1: 24 SEGGEOGRAPHICA

2018 ILAR 21 FILL 1: 47

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 059447 5132325

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 6, 2018

ORDER TIME : 12:11 PM

ORDER NO. : 059447-015

CUSTOMER NO: 5132325

DOMESTIC FILING

NAME: GLOBAL SHIPPING AGENCIES, INC.

EFFECTIVE DATE:

XXX ARTICLES OF INCORPORATION . \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XXX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

## ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

| ARTICLE I | NAME |
|-----------|------|
|-----------|------|

THE NAME OF THE CORPORATION SHALL BE:

| THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address  145 NW Central Park | :<br>Mailing Address<br>145 NW Central Park |  |             |
|--|---|--|-------------|
| Port St. Lucie, FL 34986   | Port St. Lucie, FL 349                      | 86   | <del></del> |
| ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE                      | :D:   | SECK   | 18 MAR      |
| Transportation Agencies  |   | ACT TO STATE OF THE STATE OF TH | R 21   PH   |
|  |   |  | : 24        |
| ,  |   |  | <del></del> |
| ,  |   |  |             |
|  |   |  | <del></del> |

THE NUMBER OF SHARES OF STOCK IS: 100

## ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

| Title/Name                                   | Title/Name               |  |  |
|--|--------------------------|--|--|
| David Hering/President/CEO/Director          | Michael Kramer/Director  |  |  |
| 145 NW Central Park Port St. Lucie, FL 34986 | 145 NW Central Park      |  |  |
|  | Port St. Lucie, FL 34986 |  |  |
| Title/Name                                   | Title/Name               |  |  |
| Robert J Peterson/Director                   |                          |  |  |
| 145 NW Central Park                          | Ž.o. <u></u>             |  |  |
| Port St. Lucie, FL 34986                     | ECKER                    |  |  |
| Title/Name                                   | Title/Name PH            |  |  |
|  |                          |  |  |
| Title/Name                                   | Title/Name               |  |  |
|  |                          |  |  |

| ARTICLE VI INITIAL REGISTERED  | AGENT AND STREET ADDRESS                        |
|--|---|
| THE NAME AND FLORIDA STREET ADDRESS (P.O. BO   | OX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:  |
| David Harring  |   |
| David Herring  | ·   |
| 145 NW Central Park  |   |
| Port Saint Lucie, FL 34986   |   |
| ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:                |   |
| David Herring  |   |
| 145 NW Central Park  |   |
| Port St. Lucie, FL 34986   |   |
|  |   |
| *********  | **************************************          |
| ·  | ND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE   |
| STATED CORPORATION AT THE PLACE DESIGNAT<br>ACCEPT THE APPOINTMENT AS REGISTERED AGE | TED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND |
| ACCEPT THE APPOINTMENT AS RESISTENCED AGE  | 2/15/18   |
| Signature/Registered Agent   | Date  |
| Dankling   | 2/15/18   |
| Signature/Incorporator   | Date  |

FILED
18 MAR 21 PM 1: 24
SECRETARY PROCESS