Florida Department of State

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION LA ROMANA SHIPPING CARGO CORP

Certificate of Status	0
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Help-

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

<u>ICLE II PRINC</u>	Principal <u>street</u> address	Mailing addres	s, if different is:
57 NW 27TH ST		1157 NW 27TH ST	
IAMI, FL 33127		MIAMI, FL 33127	
RTICLE III PURPO e purpose for which t	OSE he corporation is organized is: SHIPPING	AND CARGO	
	·		
TICLE IV SHAR	2 5		
RTICLE V INITIA	stock is: 100 SHARES		
e number of shares of RTICLE V INITIA Name and Title	SHARES LOFFICERS AND/OR DIRECTORS DULCE M. REYNOSO AGUSTIN	Name and Title:	
e number of shares of	HOFFICERS AND/OR DIRECTORS DULCE M. REYNOSO AGUSTIN 1157 NW 27TH ST		
e number of shares of RTICLE V INITIA Name and Title	MAMI, FL 33127 PRESIDENT		
e number of shares of RTICLE V INITIA Name and Title Address	MAMI, FL 33127 PRESIDENT	Address:	
e number of shares of RTICLE V INITIA Name and Title Address	MAMI, FL 33127 PRESIDENT	Address: Name and Title:	
RTICLE V INITIA Name and Title Address Name and Title	M. OFFICERS AND/OR DIRECTORS DULCE M. REYNOSO AGUSTIN 1157 NW 27TH ST MIAMI, FL 33127 PRESIDENT	Address: Name and Title:	
Name and Title Name and Title Address	M. OFFICERS AND/OR DIRECTORS DULCE M. REYNOSO AGUSTIN 1157 NW 27TH ST MIAMI, FL 33127 PRESIDENT	Address: Name and Title: Address:	-3

Name and	d Title:	Name and Title:	
Address	,	· Address:	
•		<u> </u>	
	REGISTERED AGENT		
Name:	orida street address (P.O. Box NOT accept DULCE M. REYNOSO AGUSTIN		
Address:	1157 NW 27TH ST		
	MIAMI, FL 33127		
		 .	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name;	DULCE M. REYNOSO AGU	JSTIN	
Address:	1157 NW 27TH ST	_	
	MIAMI, FL 33127		
Note: If the date if	inserted in this block does not meet the app	olicable statutory filing require	ments, this date will not be li
die document 2 EF	rective date on the Department of State's re	coords.	
erificate, yam fa	ed as registered agant to accept service of pri miliar with and accept the appointment as r	ocess for the above stated corporagistered agent and agree to ac	ration at the place designated i t in this capacity
- Johnson		-	4/22/20.
	Required Signature/Registered Agus	nt	Date
I submit this docu	iment and affirm that the facts stated here	in are true. I am aware that th	e false information submitted
N Aug	epartment of State constitutes a third degree	: Jeiony as provided for in \$.817.	, ,
Required Signatur		· ·	$\frac{4/22/70}{2}$
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