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FLORIDA PROFIT/NON PROFIT CORPORATION CONTINENTAL SHIPPING AGENCY, INC.

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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 corporat	tion shall be: CONTINENTAL SH	IPPING AGENCY, INC.	
<u>ARTICLE II PRINC</u> 5480 NW 11 STR		Mailing address, if different is 5480 NW 11 STREET APT 107 LAUDERHILL, FL 33313	
ARTICLE III PURPO	OSE he corporation is organized is: ANY A	AND ALL LAWFUL BUSINESS	9-(-3)
			P
			1: -2
ARTICLE V INITL	stock is: SHARES: 100 AL OFFICERS AND/OR DIRECTORS	- P Name and Title: Address:	
Name and Title	·	Name and Title:	
,		•	
Name and Title		Name and Title:	
Address		, ,	

Name ar	nd Title:	Name and Title:	
Address	S	Address:	
		· · · · .	`
		·	
		• • • • •	
ARTICLE VI The name and F	REGISTERED AGENT forida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	MANUEL E. ARVELO DANELUZZI	. <u>—</u>	
Address:	5480 NW 11 STREET APT 107		
	LAUDERHILL, FL 33313		
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	MANUEL E. ARVELO DANELUZZI		
Address:	5480 NW 11 STREET APT 107	· - 	
	LAUDERHILL, FL 33313		
			. •
ARTICILE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective of filing.)	f other than the date of filing:		90 days after the
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Having been na certificate, I am	med as registered agent to accept service of proce famillar with and accept the appointment as regi	ss for the above stated corporation at th stered agent and agree to act in this cap	e place designated in th oncity
Steppe Foregrade to	The second		
	Required Signature/Registered Agent	•	Date
l submit this do	cument and affirm that the facts stated herein	re true. I am aware that the fulse inf	formution submitted in
locument to the	Department of State constitutes a third degree fe	iony as proviaea jor in 5.817.199, 1.3.	
Adams of Construct Adams			
Required Signat	ure/Incorporator	Date	