

P95000030264



## General Insurance Group

AUTO - HOME - LIFE - HEALTH - BUSINESS

3704 Palm Avenue, Hialeah, Florida 33012

Agency, State, City

600001455656

04/13/95--01048--001

\*\*\*\*122.50 \*\*\*\*122.50

USE ONLY

### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Eagle International Maritime-Air Shipping  
(Corporation Name) (Document #)
2. Corp. FIN# 65-056622  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
95 APR 13 PM 3 50  
TALLAHASSEE, FLORIDA

APR 18-95  
Examiner's Initials

CERTIFICATE OF INCORPORATION OF:

95 APR 13 PM 4:00  
FILED  
SECRET  
TALLAHASSEE, FLORIDA

We, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be:

EAGLE INTERNATIONAL MARITIME-AIR SHIPPING CORP.

and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be:

EXPORT

and to invest in property of any kind, operate business, lend money, and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the Corporation shall consist of fifty(50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business is not less than FIVE HUNDRED DOLLARS.

5. The principal office of the corporation in this State shall be:

13468 Biscayne Blvd. MIAMI, FL. 33181

6. The principal directors shall be at least one (1) and the names post office addresses of the first Board of Directors and

Officers are:

NAME	OFFICE	ADDRESS
1. Petronila Matos	President	13468 Biscayne Blvd.
2. Guillermo R. Hernandez	Vice-President	13468 Biscayne Blvd.
3.		
4.		

7. The names and addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefor, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

<u>NAME AND ADDRESS</u>	<u>NO. OF SHARES</u>	<u>CONSIDERATION</u>
1. Petronila Matos 13468 Biscayne Blvd. Miami, Fl. 33181	2	\$1000.00
2. Guillermo R. Hernandez 13468 Biscayne Blvd. Miami, Fl. 33181	2	\$1000.00

3.

4.

8. Petronila Matos is hereby designated as the Registered Agent for the Corporation and 13468 Biscayne Blvd. Miami, Fl. 33181 as the registered office of the company.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this \_\_\_\_\_ day of \_\_\_\_\_ 1995, for the uses and purposes aforesaid.

Petronila Matos

Signature - Principal

President - PETRONILA MATOS

Print Name

President

Title

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

Petronila Matos

RESIDENT AGENT

4-8-95  
DATE

STATE OF FLORIDA )

SS.

COUNTY OF DADE )

BEFORE ME, the undersigned authority, personally appeared

PETRONILA MATOS

subscriber (s) and person (s) described in and who executed the foregoing Certificate of Incorporation, who acknowledge before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

Sworn To and Subscribed before me at \_\_\_\_\_, Dade County, Florida.  
This the 3 day of April, 1995.

[Signature]  
Notary Public State of Florida at Large.

My Commission expires:

NOTARY PUBLIC, STATE OF FLORIDA.  
MY COMMISSION EXPIRES: July 11, 1995.  
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

CERTIFICATION DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following  
is submitted:

First that EAGLE INTERNATIONAL MARITIME-AIR SHIPPING CORP.  
desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business at the city of MIAMI,  
State of FLORIDA has named PETRONILA MATOS  
City of MIAMI State of FLORIDA, as its Agent to  
accept service of process within Florida.

Petronila Matos  
CORPORATE OFFICER

PRESIDENT  
TITLE

4-3-95  
DATE

FILED  
95 APR 13 PM 4:00  
SECTION  
TALLAHASSEE, FLORIDA

3 weeks

Stamp: 01 01 84  
Stamp: 01 01 84

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **#65-056622**  
OMB No. 1545-0003  
Expires 12-31-90

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <b>EAGLE International Maritime - Air shipping CORP.</b>	
2 Trade name of business, if different from name in line 1 <b>SAME</b>	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) <b>13468 BISCAYNE BLVD.</b>	5a Business address, if different from address in lines 4a and 4b <b>13468 BISCAYNE BLVD.</b>
4b City, state, and ZIP code <b>MIAMI, FLA. 33181</b>	5b City, state, and ZIP code <b>MIAMI, FLA. 33181</b>
6 County and state where principal business is located <b>Dade, FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) <b>PETRONILA MATOS (091-40-4464)</b>	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) <b>EXPORT</b>	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input type="checkbox"/> Other (specify)		

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>Florida</b>	Foreign country <b>none</b>
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) <b>4/1/95</b>	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify)
<input type="checkbox"/> Banking purpose (specify)	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**4/1/95**

11 Enter closing month of accounting year. (See instructions.)  
**12/95**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)  
**UNKNOWN**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."  
**0**

Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) **EXPORT**

15 Is the principal business activity manufacturing?  
If "Yes," principal product and raw material used

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) <b>EXPORT TO SOUTH AMERICA</b>	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business?  
Note: If "Yes," please complete lines 17b and 17c.  
☐ Yes ☒ No

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name	Trade name
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) **PETRONILA MATOS-President**

Signature **X Petronila Matos** Date **3/10/95**

Business telephone number (include area code)  
**947-7620**  
**305-931-8970**

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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