DUQUESNE LOUIDOR 3460 N.W. N. RIVER DR MIAMI, FL 33142

P95000058287

JULY 21 , 1995

400001548084 -07/27/95--01079--012 ****122,50 ****122,50

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: MIAMI - HAITI TERMINAL SERVICES INC

GENTLEMEN:

ENCLOSED PLEASE FIND THE ORIGINAL AND ONE COPY OF ARTICLES OF INCORPORATION, TOGETHER WITH A MONEYORDER FOR \$122.50

THIS REPRESENTS THE COST OF THE CHARTER TAX, FILLING FEE, CERTIFIED COPY OF ARTICLES OF INCORPORATION AND FILING FEE FOR REGISTERED AGENT CFRTIFICATE FOR THE ABOVE NAMED CORPORATION.

VERY TRULY YOURS.

DUQUESNE LOUIDOR

MIAMI - HAITI TERMINAL SERVICES INC.

SHARON L. TALA JUL 28 1995

| | (name of corporation) | |
|--|---|---------------------------------------|
| The undersigned subscriber(s) to the hereby form a corporation under the | ese Articles of Incorporation, natural plaws of the State of Florida. | erson(s) competent to contract, |
| | ARTICLE 1 - CORPORATE NAME | |
| The name of the corporation is: | | · · · · · · · · · · · · · · · · · · · |
| MIAMI - HAITI TEI | RMINAL SERVICES INC. | |
| | ARTICLE II - DURATION | 27 |
| This corporation shall exist perpetual | ly unless dissolved according to Florida | law. |
| | ARTICLE III - PURPOSE | 4344 |
| The corporation is organized for the the laws of the United States and the | ne purpose of engaging in any activitie 2 State of Florida. | s or business permitted under |
| | ARTICLE IV - CAPITAL STOCK | |
| ARTICLE | v - INITIAL REGISTERED OFFICE AND |) AGENT |
| The name and street address of the I The principal office address | nitial Registered Agent of this Corporations shall be the same. | on is: |
| DUQUESNE LOUIDOR | | |
| RESS 3460 N.W. N. RIVER DRIVE | | |
| MIAMI, | FLORIDA | zir 33142 |
| ARTI | ICLE VI - INITIAL BOARD OF DIRECTO | DRS |
| | (2) directors initial director(s) of the corporation a | |
| one (1). The hames and addresses of t | | |
| DUQUESNE LOUIDOR | | |

STATE FL

SIAH

ZIP 33142

ZIP

MIAMI

CHY

NAME ADDRESS

CTTY

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

| NAME DUOUESNE LOUIDOR | | | |
|---|--|--|-------|
| ADDRESS 3460 N.W. N. RIVER DRIVE | | | |
| CITY MIAMI | SIATE FL | ZII 33142 | |
| NAME DORBENS PIERRE LOUIS | | | |
| ADDRESS 3460 N.W. N. RIVER DRIVE | | | |
| CHY MIAMI | SIAIE FL | ZIP 33142 | |
| NAME: | | | |
| ADDRESS | | | |
| CHY | SIALE | /II' | |
| IN WITNESS WHEREOF, the undersign this 21ST day of JULY | ted subscriber(s) have executed t | hese Articles of Incorporation | |
| | Fluctions | Locidos x | Scal |
| | | C >0 C4 C3 . Z | Deui, |
| | De nearly (o To) | (((((((((((((((((((| Seal |
| | | | |
| | | (| Scal |
| | | | |
| | | | |
| STATE OF FLORIDA |) | | |
| COUNTY OF DADE |) SS | | |
| | | | |
| BEFORE ME, a Notary Public authorized above, personally appeared | to take acknowledgements in the | ne State and County set forth | |
| above, personally appeared | | | |
| DUQUESNE LOUIDOR AND DORB | ENS PIERRE LOUIS | | |
| | | | _ |
| | | | |
| known to me and known to be the person who acknowledged before me that THEY | n(s) who executed the foregoing executed these Articles of I | | - |
| IN WITNESS WHEREOF, I have hereunted | affixed my hand and seal, in the | ne State and County aforesaid, | |
| this 21ST day of JULY | . 19 <u>95</u> . | | |
| | (N) | D b.l | |
| AIDA R. GIL | - Sector | The state of the s | |

AIDA R. GIL

MOTARY

PUBLIC OF POOR

AIDA R. GIL

My Comm Exp. 8/28/98

Bonded By Service Ins

No. CC403520

UPmently Known 1104-11

(Notaly Public, State of Florida at Lurge)

My commission expires:

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF



MIAMI - HAITI TERMINAL SERVICES INC

(name of corporation)

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at the place designated in his certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)