

997000047040
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400002179904--0
-05/15/97--01059--020
****122.50 ****122.50

SUBJECT: Transworld International Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Allen P. Shappe
Name (printed or typed)
17400 NE 12 Ct.
Address
No. Miami Beach, Fl. 33162
City, State & Zip
305-651-6176
Daytime Telephone number

W97-11705

FILED
97 MAY 28 PM 4:26
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 20, 1997

ALLEN P. SHAPPE
17400 NE 12 COURT
NO. MIAMI BEACH, FL 33162

SUBJECT: TRANSWORLD INTERNATIONAL INC.
Ref. Number: W97000011705

EXPORTERS

We have received your document for TRANSWORLD INTERNATIONAL INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 297A00026987

ARTICLES OF INCORPORATION

FILED

97 MAY 28 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Transworld *EXPORTERS* Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17400 NE 12 Ct.

No. Miami Beach, Fl. 33162

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Allen P. Shappe

17400 NE 12 Ct.

No. Miami Beach, Fl. 33162

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Albert Petrassi
1401 So. State Rd. 7
Hollywood, Fl. 33023

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of May, 19 97.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Transworld EXPORTERS Inc.

2. The name and address of the registered agent and office is:

Allen P. Shappe
(NAME)

17400 NE 12 Ct.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

No. Miami Beach, Fl. 33162
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Allen P. Shappe
(SIGNATURE)

5/12/97
(DATE)