

997000084487

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(904) 385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

900002311059--7

-10/03/97--01049--009

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

1. ALL ports shippers ASSOCIATION, inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

RECEIVED  
97 SEP 30 AM 11:43  
DIVISION OF CORPORATION

Examiner's Initials

**ARTICLES OF INCORPORATION**

*of*

**ALLPORTS SHIPPERS ASSOCIATION, INC.**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

**ALLPORTS SHIPPERS ASSOCIATION, INC.**

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue One Thousand (1000) shares .001 Dollar(s) (\$ .001) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

**ANTONIO FAGA, ESQUIRE  
375 12<sup>TH</sup> Avenue, S.  
Naples, Florida 34102**

The principal office, if known, or the mailing address of the corporation is:

**800 Seagate Drive  
Suite 301  
Naples, Florida 34103**

**FILED**  
**97 SEP 30 PM 4:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

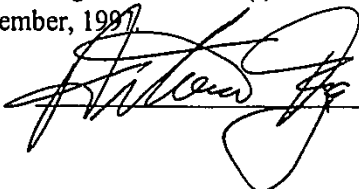
**ALYS COHON**  
800 Seagate Drive, Suite 301  
Naples, Florida 34103

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

**ANTONIO FAGA, ESQUIRE**  
375 12<sup>th</sup> Avenue, S.  
Naples, Florida 34102

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 25<sup>th</sup> day of September, 1997.

 Seal)

**STATE OF FLORIDA**  
**COUNTY OF COLLIER**


Before me a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared : ANTONIO FAGA, who ☒ is personally known to me OR \_\_\_\_\_ produced identification. Type of identification \_\_\_\_\_

Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form X of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was taken.

Witness my hand and official seal in the county and State last aforesaid this 25<sup>th</sup> day of September, 1997.



TINA M KASLEY  
My Commission CC564957  
Expires Jun. 20, 2000

 Notary Signature

CERTIFICATE AND ACKNOWLEDGMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

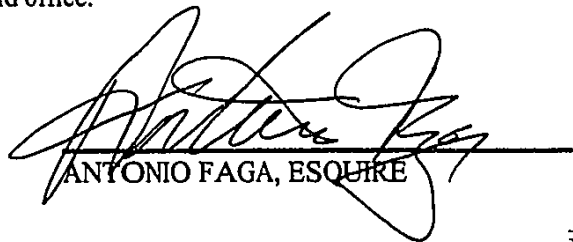
OF

**ALLPORTS SHIPPERS ASSOCIATION, INC.**

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at **375 12<sup>th</sup> Street, S., Naples, Florida 34102** has named **Antonio Faga, Esquire**, located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

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

  
ANTONIO FAGA, ESQUIRE

**FILED**  
97 SEP 30 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA