

P98000089847

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 487-6013

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 98 OCT 21 PN 3-36 SECRETARY OF STATE ALL AHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

SHIP TO SHORE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Esumated Charge	\$78.75

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ARTICLES OF INCORPORATION	
OF	
Ship to Shore Inc	

ARTICLE I NAME

SECRETARY OF STATE

The name of the corporation shall be:_Ship to Shore Inc

ARTICLE II PRINCIPAL OFFICE

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

11831 NW 31st Place Sunrise FL 33323	

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Michael T Morrison

11831 NW 31st Place

Sunrise FL 33323

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Michael T Morrison	
11831 NW 31st Place	
Sunrise FL 33323	

The undersigned has executed these Articles of Incorporation this
21st day of October 1998

(signed) Nuclear Thomas (printed name) Michael / Morrison

Prepared by: Gardner Accounting 7481 West Oakland PK Blvd

Suite # 201, Lauderhill, W1. 33319

954-749-0666

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CERTIFICATE OF DESIGNATION 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: Ship to Shore Inc
2. The name and address of the registered agent and office is:
Michael T Morrison 11831 NW 31st Place Sunrise FL 33323
Signature: Mules Morrison
Title: President
Date:10/21/98
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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT. Signature: Mulicipal Moschaper Signature:
Date: 10/21/98

98 OCT 21 PN 3-36
SECRETARY OF STATE
TALL AHASSEF FLORIDA