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

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****** [1] [1] ****		

SUBJECT:	Trans-Indies Shipping Corports	
	(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 of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

	ADDITIONAL COPY REQUI	KED	l	
FROM:	JUAN EStelles Name (Printed or typed)		•	
	13800 S.w. 8th, PMB# 334	SECI TALL	ယ္	
	MTAm) Fr. 33184 City, State & Zip	SECRE TARY ALLAHASSEI	9 NOV 24	
	(3.5) 632-0063. Daytime Telephone number	Y OF STATE SEE, FLORIC	AM II: 28	

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

WA #51

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Flo	ride
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

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SECRE LARY OF STATE
ALLAHASSEE, FLORIE

<u>ARTICLE I</u> NAME

The name of the corporation shall be:

Trans - Indies Shipping Corporation

ARTICLE II PRINCIPAL OFFICE

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

8422 N.W. 66 ST MIAmi, FL. 33/66

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Juan Estelles

8422 N.W. 66 ST MiAmi, Fr. 33166

ARTICLE V INCORPORATOR

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

JUAN Estelles 13800 S.W. 8th ST, PMB#334 MIAMI, Florida 33184

Signature/Incorporator

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(An additional article must be added if an effective date is requested.)

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

Signature Registered Agent

11/18/99 Date