

vision Corporations **P12000071450** Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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12 AUG 20 PM 12: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
United Stevedoring of America, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
12 AUG 20 AM 10: 42
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

JF 8/21/12
8/20/2012

COVER LETTER

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

SUBJECT: UNITED STEVEDORING OF AMERICA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Sherif Assal
Name (Printed or typed)
70 NW 167th Street
Address
North Miami Beach, FL 33162
City, State & Zip
310-466-8032
Daytime Telephone number
sherifassal@aol.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 20 AM 10:43

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: United Stevedoring of America, Inc.

12 AUG 20 AM 10:43

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

70 NW 167th Street
North Miami Beach, FL. 33162

(same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Longshoremen services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherif Assal, President Name and Title: _____
Address: 70 NW 167 St. Address: _____
North Miami Beach, FL. 33162

Name and Title: Sherif Assal, Secretary Name and Title: _____
Address: 70 NW 167 St. Address: _____
North Miami Beach, FL. 33162

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Sherif Assal
Address: 70 NW 167 St.
North Miami Beach, FL. 33162

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: *[Signature]*
Required Signature/Registered Agent

8/20/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

August 17, 2012
Date