P11000070870

(Requestor's	Name)
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(Document N	umber)
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2553.611 W11000038600



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COVER LETTER

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

SUBJECT:	CARTBE - MI AMI CULP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an or	riginal and one (1) copy of the articles of incorporation and a check for:	1		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy & Certificate of			
	Status ADDITIONAL COPY REQUIRED			
FROM: _	Rigoberto Valdes Name (Printed or typed)			
Name (Printed or typed) 688 NW 183 Place Address				
MIANI A 33172 City, State & Zip				
~~		SECRETAIN OF CLER		
	E-mail address: (to be used for future annual report notification)	PH 2: 07		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2011

RIGOBERTO VALDES 688 NW 103 PLACE MIAMI, FL 33172

SUBJECT: CARIBE - MIAMI CORP Ref. Number: W11000038600

We have received your document for CARIBE - MIAMI CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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 (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 811A00017402

OF STATE OF CONTRACTOR

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

ARTICLE I The name of the co	NAME orporation shall be: CAETBE - MI	AMI COR	P SECRETARY DE SIAH	
ARTICLE II	PRINCIPAL OFFICE		MAISION OF	1. (9)
_	Principal street address Place MIGMI FI 33172	Maili	ng add only full ren 5s: PM 2:	_ _ _
ARTICLE III The purpose for w		isuting	1	and the second s
ARTICLE IV The number of sha	SHARES ures of stock is:			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	odilia I Nalda v	en acid
Name and T Address:	itle: Rigobello F. Valdes-PESIKN W81 nw 103 Place miami , FI 33172	_ Address:	ecilia L. Valdes - VI 88 NW 103 PIACE NGMI, El 23172	<u>C</u> e Plaston - - -
Name and T Address:	itle: MICHAEL Valdes C.E.C 488 NW 133 PIGGE MICMI, FI 33172	Address:	THEISTIAN VALDES 1088 MW 103 PIGG MIGMI EI 33172	_ (F0 e 2
Name and T Address:	Title:	Name and Title: Address:		-
ARTICLE VI The name and Florame: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of My had Valdes USI nw 103 pigce which F1 33172	the registered agent is:		_
ARTICLE VII The name and ad Name: Address:	INCORPORATOR dress of the Incorporator is: MICHAEL Valde WICKAL (33 Place MICKAL (33 Place	<u>.</u> -		
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated istered agent and agree	corporation at the place designate e to act in this capacity	d in
	Required Signature/Registered Agent		8/2/11 Date	_
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon			in a
Mus	Required Signature/Incorporator	STATE OF THE STATE	8/2/11 Date	_