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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

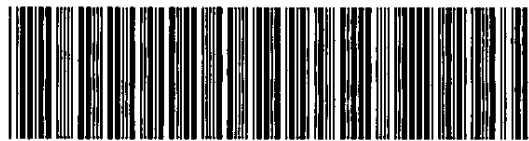
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP -8 AM 11: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/11/14

COVER LETTER

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

SUBJECT: CARIBBEAN CONNECT INTERNATIONAL CORP.
(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: LESLY LMERISSON
Name (Printed or typed)

5854 NW FOGEL CT.
Address

PORT ST. LUCIE FL 34986
City, State & Zip

561-577-4799
Daytime Telephone number

TOTALACCESSMEDIA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: CARIBBEAN CONNECT INTERNATIONAL CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5854 NW FOGEL CT.
PORT ST LUCIE FL. 34986

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE TELECOMMUNICATION SERVICES AND MARKETING TOOLS TO SMALL & MEDIUM SIZE MERCHANTS, ENTREPRENEURS TO HELP THEM GROW THEIR BUSINESSES, IN ESSENCE GENERATE ADDITIONAL INCOME.

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ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LESLY P. LHERISSON, CEO Name and Title: MARIO TOMASSI

Address: 5854 NW FOGEL CT. Address: _____
PORT ST. LUCIE FL. 34986

Name and Title: PETER LAURENT, PRES. Name and Title: JULIAN LAURENT

Address: _____ Address: _____

Name and Title: LEVI GALBRAITH, SEC. Name and Title: _____

Address: _____ Address: _____

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: LESLY LHERISSON

Address: 5854 NW FOGEL CT.
PORT ST. LUCIE, FL. 34986

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LESLY LHERISSON

Address: 5854 NW FOGEL CT.
PORT ST. LUCIE, FL. 34986

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

Lesly Lherisson
 Required Signature/Registered Agent

9/3/14
 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.

Lesly Lherisson
 Required Signature/Incorporator

9/3/14.
 Date