

PS000111054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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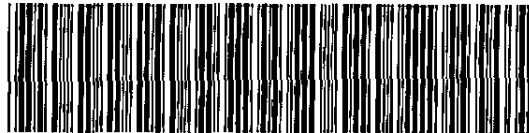
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 AUG 10 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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50-01-8

TRANSMITTAL LETTER

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

SUBJECT: PRICELESS CARIBBEAN 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BRUCE PRICE
Name (Printed or typed)

9300 SW 147 ST
Address

MIAMI, FL 33176
City, State & Zip

305-495-4215
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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:

PRICELESS CARIBBEAN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9300 SW 147 ST
MIAMI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

TITLE: P
BRUCE PRICE
9300 SW 147 ST
MIAMI, FL 33176

TITLE: T
JAIME PRICE
9300 SW 147 ST
MIAMI, FL 33176

ARTICLE VI REGISTERED AGENT

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

BRUCE PRICE
9300 SW 147 ST
MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRUCE PRICE
9300 SW 147 ST
MIAMI, FL 33176

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



Signature/Registered Agent



Date



Signature/Incorporator



Date