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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

MAR 30 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARIBBEAN METAL FABRICATORS, INC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CARLOS A. OLIVO

Name of Person

CARIBBEAN METAL FABRICATORS, INC

Firm/Company

PO BOX 696

Address

CAROLINA, PR 00986-0696

City/State and Zip code

aolivo@caribbeanmetal.com - Cc.: dsilva@caribbeanmetal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A. Olivo at (787) 769-0358  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

CARIBBEAN METAL FABRICATORS, INC

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CARIBBEAN METAL FAB, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO 3. 66-0235298  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 1, 1961 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

EXT. EL COMANDANTE, R St, Bldg 3, CAROLINA PR 00982-3658

7. \_\_\_\_\_  
(Principal office address)

PO BOX 696, CAROLINA, PR 00986-0696

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SR. ALBERTO MALDONADO

Office Address: 490 N SEMORAN BLVD

ORLANDO, Florida 32807  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: CARLOS A. OLIVO

Address: HACIENDA REAL, 531 CALLE COQUI BLANCO  
CAROLINA, PR 00987

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: CARLOS A. OLIVO

Address: HACIENDA REAL, 531 CALLE COQUI BLANCO  
CAROLINA, PR 00987

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

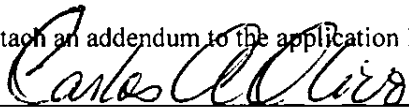
Secretary: GLADYS SANTIAGO

Address: HACIENDA REAL, 531 CALLE COQUI BLANCO, CAROLINA PR 00987

Treasurer: CARLOS A OLIVO

Address: HACIENDA REAL, 531 CALLE COQUI BLANCO, CAROLINA PR 00987

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Carlos A. Olivo

(Typed or printed name and capacity of person signing application)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Government of Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **LUIS G. RIVERA MARIN**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, **CARIBBEAN METAL FABRICATORS, INC.**, register number **8770**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **May 1, 1961**, has complied with the filing of its Annual Reports.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 24, 2017**.

A handwritten signature in black ink, appearing to be "L. Rivera Marín".

**LUIS G. RIVERA MARÍN**  
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 24-Mar-2018.

Certificate Validation Number: **197026-15608296**