

F17000001665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

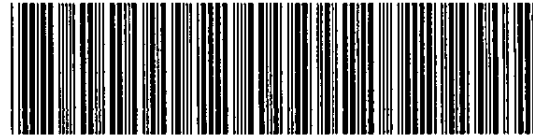
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300297361103

300297361103
04/03/17--01027--004 **78.75

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17 APR 12 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2017

RAYMOND DIROCCO
7800 W OAKLAND ARK BLVD STE C-306
SUNRISE, FL 33351

SUBJECT: CARIBBEAN FUNERAL SHIPPING SERVICES INC
Ref. Number: W17000029726

We have received your document for CARIBBEAN FUNERAL SHIPPING SERVICES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 517A00006698

COVER LETTER

TO: Registration Section
Division of Corporations
CARIBBEAN FUNERAL SHIPPING SERVICES INC

SUBJECT: _____
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:

Name of Person
CARIBBEAN FUNERAL SHIPPING SERVICES INC

Firm/Company
C/O DIROCCO & MOSS LLC 7800 W OAKLAND PARK BLVD STE C-306

Address
SUNRISE FL 33351

City/State and Zip code
VERNAM@DIROCCOCPA.COM

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

For further information concerning this matter, please call:

RAYMOND DIROCCO 954 358-4272
_____ at (_____) _____
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 FUNERAL SHIPPING SERVICES INC

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
WYOMING 81-5469713

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
FEB 6 2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7800 W OAKLAND PARK BLVD ,C-306 SUNRISE FL 33351

7. _____
(Principal office address)

(Current mailing address, if different)

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

DIROCCO & MOSS LLC

Name: _____

7800 W OAKLAND PARK BLVD C306

Office Address: _____

SUNRISE

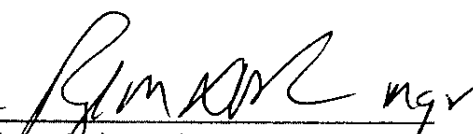
33351

_____, Florida _____
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

DiRocco & Moss, LLC  mgr
(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.

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

A. DIRECTORS

KEITH A BELGROVE

Chairman: _____

Address: _____
7800 W OAKLAND PARK BLVD C-306 SUNRISE FL 33351

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

KEITH A BELGROVE

President: _____

7800 W OAKLAND PARK BLVD C306

Address: _____

SUNRISE FL 33351

Vice President: _____

Address: _____

MERCEDES BELGROVE

Secretary: _____

7800 W OAKLAND PARK BLVD C306 SUNRISE FL 33351

Address: _____

Treasurer: _____

Address: _____

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.

MERCEDES BELGROVE -- SECRETARY

13. _____

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

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17 APR 12 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

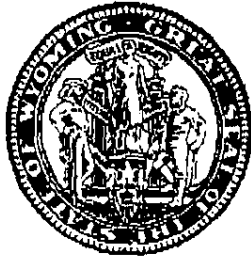
Caribbean Funeral Shipping Services

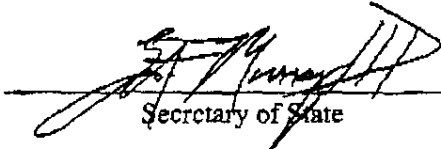
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **February 6, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000741441**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of April, 2017 at 2:12 PM. This certificate is assigned 022779027.




Secretary of State