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Special Instructions to	Filing Officer:	
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Office Use Only



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C. LEWIS

NOV 1 D 2010

EXAMINER

COVER LETTER.

TO: Registration Division of C		<i>•••</i>	94
SUBJECT:	CARIBEAN CONNEC	rion LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	ASLEY R KIRBY		
		Name of Person	- 14mi
-		Firm/Company	
	1303 AVENUE F		
		Address	
	WEST PALM BEACH	H FL 33404	
. ((M. Marsel) 42	//State and Zip Code 10-14-20) 0	
For further information	// /	10-14-20) 0 or future annual report notification)	
For turiner information	n conserning this matter, please	can;	
ASLEY R	KIRBY	at (561) 312 111 Area Code & Daytime Tele	3
Nam	e of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center 6	s

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CARIBEAN CONNECTION LLC (Must end with the words "Limited Liability	/ Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
619 W MARTIN LUTHER KING BLVD	1303 AVENUE F WEST PALM BEACH
RIVIERA BEACH FLORIDA 33404	FLORIDA 33404
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. ASLEY R KIRBY	gistered agent are:
Name	TETARY UNITED AND A SEEE
1303 AVENUE F Florida street addre	ess (P.O. Box NOT acceptable)
WEST PALM BEACH	FI. 33404
City, State	<u></u>
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: 16

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	SEURETARY OF STATE TALL'AHASSEE, FLORID)
MGR	ASLEY R KIRBY	
	1303 AVENUE F	
	WEST PALM BEACH FI	. 33404
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing:st be specific and cannot be more tha	(OPTIONAL) an five business days prio
CLE V: Effective date, if other than effective date is listed, the date mus 20 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more that	an five business days prior
CLE V: Effective date, if other than effective date is listed, the date must 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a merical constitutes an affirmation under that any false in	the date of filing: st be specific and cannot be more that mber or an authorized representative of a 608.408(3), Florida Statutes, the execution ander the penalties of perjury that the facts statement in a document to the Delony as provided for in s.817.155, F.S.)	member. of this document atcd herein are true.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)