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Florida Department of State
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To: Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
CARIBBEAN ONE STOP SUPPLY LLC

Certificate of Status	0
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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CARIBBEAN ONE STOP SUPPLY LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

8990 SW 62ND ST
TAMARAC, FLORIDA 33321

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent is:

ADRIAN WATSON
8990 SW 62ND ST
TAMARAC, FLORIDA 33321

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Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x 
ADRIAN WATSON / Registered Agent's signature

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CARIBBEAN ONE STOP SUPPLY LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company, is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

ADRIAN WATSON

8990 SW 62ND ST

TAMARAC, FLORIDA 33321


MANAGING MEMBER

JUSTIN WATSON

8990 SW 62ND ST

TAMARAC, FLORIDA 33321

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X 
Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

ADRIAN WATSON

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