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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			





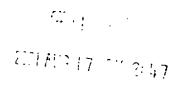
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M CF- 120.00 Cert- 17.50

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COVER LETTER

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

SUBJECT: Caribbean Partnership Mission Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$78.75

OPTIONAL:

Certificate of Status

\$8.75

Caribbean Partnership Mission Inc

Name (printed or typed)

PO Box 7016

Address

Seminole FL 33775

City, State & Zip

501-538-9926

Daytime Telephone Number

missionflight@gmail.com

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

777 Em 17 20 20 47

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

The undersigned, Michael Coupe	CEO	-
of Caribbean Partnership Mission Inc	•	litle)
(Corporation Name) in accordance with section 617.1803, Florida Statutes,		eign Corporation
1. The date on which corporation was first formed wa	as December 12	2004
 The jurisdiction where the above named corporatio came into being was Texas 	on was first formed, incorporat	ed, or otherwise
 The name of the corporation immediately prior to the was Arkansas 	he filing of this Certificate of	Domestication
4. The name of the corporation, as set forth in its artic s. 617.01201 and 617.0202 with this certificate is C	eles of incorporation, to be file Caribbean Partnership Miss	d pursuant to
5. The jurisdiction that constituted the seat, siege soci administration of the corporation, or any other equi immediately before the filing of the Certificate of D Arkansas	valent jurisdiction under appli	ess or central cable law,
 Attached are Florida articles of incorporation to cor to s. 617.1803. 	mplete the domestication requ	irements pursuant
am Michael Coupe , of Caribbean Partner	ship Mission Inc	
and am authorized to sign this Certificate of Domestica so this the 1 day of July	ation on behalf of the corporati	ion and have done 2021
Muchel Con (Authorized Si	gnature)	,
Filing Fe Certificate of Domestication Articles of Incorporation and Cer Total to domesticate and file	\$50.00	

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME	TTD MY 17 77 2:47
The name of the corporation shall be: Caribbean Partnership Mission	
- Cambbeart attricionip ivilogici	1 1110
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address shall be:	
Principal Address	Mailing Address
12100 Seminole Blvd	PO Box 7016
Lot 289	Seminole FL 33775
Largo FL 33778	
	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized:	
Caribbean Partnership Mission In	c is organized exclusively for
religious and charitable purpos	ses under Section 501(c)3
of the Internal Revenue Code or correspon	ding section of any future tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or app	
Board of Director members shall hold of	ointed: ffice until his successor shall be elected
and qualified. The term of c	
The number of Directors shall consist of	a minimum of three and a maximum of
25.	
ARTICLE V INITIAL DIRECTORS AND	
The name(s) and address(es) and specific title(s):	OR OFFICERS
Title/Name	Title/Name
Josh Butler 16582 Stagecoach Rd. Gravette AR 72736	Chairman
Elizabeth Butler 16582 Stagecoach Rd Gravette AR 72736	Secretary
Joshua R O'Hair 8701 64th St N Pinellas Park FL 33782	Treasurer
Title/Name	Title/Name
Michael Coupe 12100 Seminole Blvd #289 Largo FL 33778	CEO
Title/Name	Title/Name

The name and Florida street address (P.O. Boy NOT	STREET ADDRESS
The name and Florida street address (P.O. Box NOT acceptate Michael Coupe	ole) of the registered agent is:
12100 Seminole Blvd #289	
Largo FL 33778	
ARTICLE VII INCORPORATOR The name and address of the	
The name and address of the incorporator is: General Ledger Inc	
PO Box 5133	
Largo, FL 33779	
**************************************	*******
Having been named as registered agent and to accept service of process for the in this certificate, I am familiar with and accept the appointment as registered	
Children 1	7/01/21
Signature/Registered Agent	Date
Signaturally / hule	7/01/21
O.g. acture/jencorporator	Date
Signature/Incorporator	