

P000000035825

TRANSMITTAL LETTER

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

SUBJECT: Caribbean Computer Corporation
(Proposed corporate name - must include suffix)

400003200554--4
-04/07/00--01083--021
*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

James Hammond
Name (Printed or typed)

440 NW 198th
Address

Homestead FL 33030
City, State & Zip

305 2460142
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR - 7 PM 3:18

APPROVED
AND
FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 APR - 7 PM 3:16

RECEIVED

NOTE: Please provide the original and one copy of the articles.

08/4/17

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Caribbean Computer Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

440 NW 19th Homestead FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales & export of computer products

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

James Hammond - President 440 NW 19th
Ginny Hammond Sec. & 440 NW 19th
Treasure Homestead FL 33030

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

James R Hammond 440 NW 19th Homestead FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

~~James R Hammond~~ James R Hammond 440 NW 19th Homestead FL 33030

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature/Registered Agent

Signature/Incorporator

Date

Date

APPROVED
AND
FILED

00 APR - 7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA