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TRANSMITTAL LETTER

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

300003232743--6  
-05/01/00--01099--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: INTERCONNECTION CARIBBEAN, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

ROHAN CRICHTON

Name (Printed or typed)

261 NE 1<sup>ST</sup> STREET, STE 2083

Address

MIAMI, FL 33132

City, State & Zip

305 579 9001

Daytime Telephone number

FILED  
00 MAY - 1 AM 11:10  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

QC  
52.00

**ARTICLES OF INCORPORATION**  
**OF**  
**INTERCONNECTION CARIBBEAN, INC.**

FILED  
00 MAY -1 AM 11:10  
STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:  
Interconnection Caribbean, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

261 NE 1<sup>st</sup> Street, Suite 203  
Miami, FL 33132

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

1000 common shares.  
par value \$.01 per share

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Rohan Crichton  
261 NE 1<sup>st</sup> Street, Suite 203  
Miami, FL 33132  
(305) 579.9001

#### **ARTICLE V OFFICERS/DIRECTORS**

**The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):**

Rohan Crichton - Director  
6527 SW 116<sup>th</sup> Place # G  
Miami, FL 33173

Amrick Alexander -Director  
18840 NW 23rd Place  
Pembroke Pines, FL 33029

#### **ARTICLE VI INCORPORATOR(S)**

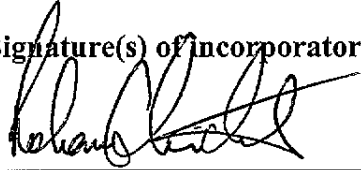
**The name(s) and street addresses of the incorporator(s) to this articles of incorporation is(are):**

Rohan Crichton  
Amrick Alexander

261 NE 1<sup>st</sup> Street, Suite 203  
Miami, FL 33132  
(305) 579 9001

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_ day of April, 2000.

Signature(s) of incorporator(s):





STATE OF FLORIDA

COUNTY OF MIAMI-DADE

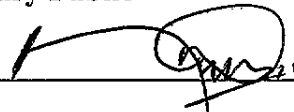
THE FOREGOING instrument was acknowledged and sworn to before me

this 26<sup>th</sup> day of April, 2000

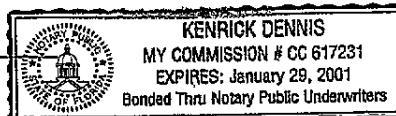
by Rohan Crichton of Interconnection Caribbean, Inc.

(Name of Incorporator) (Name of Corporation)

Notary Public



My commission expires: \_\_\_\_\_



(SEAL)

**CERTIFICATE DESIGNATING**

**REGISTERED AGENT/REGISTERED OFFICE**

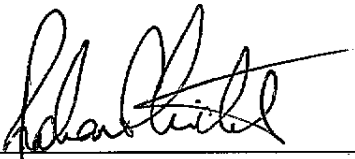
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Interconnection Caribbean, Inc.

2. The name and address of the registered agent and office is:

Rohan Crichton  
261 NE 1<sup>st</sup> Street, Suite 203  
Miami, FL 33132  
(305) 579 9001

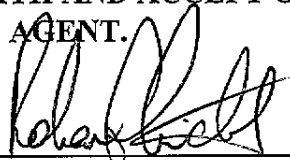
FILED  
00 MAY -1 AM 11:10  
TALLAHASSEE, FLORIDA

SIGNATURE   
(Corporate Officer)

TITLE CEO

DATE 4/26/00

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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE   
(Registered Agent)

DATE 4/26/00