

TRANSMITTAL LETTER
P00000103169

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

SUBJECT: Caribbean Sports Bar & Lounge, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003448613--1
-11/02/00--01053--010
*****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: Kishore Singh
Name (Printed or typed)

519 90th Avenue North
Address

St. Petersburg Florida 33708
City, State & Zip

(727) 520-0889
Daytime Telephone number

RECEIVED
TALLAHASSEE, FLORIDA
00 NOV -2 PM 3:55
FILED

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

g11/2

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 Sports Bar & Lounge, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
**519 90th Avenue North
St. Petersburg, Florida 33702**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Sports Bar & Lounge**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**Kishore Singh, President
519 90th Avenue North
St. Petersburg, Florida 33702**

**Prakash Sooknanan, Vice President
519 90th Avenue North
St. Petersburg, Florida 33702**

**Jyoti Singh, Treasurer
519 90th Avenue North
St. Petersburg, Florida 33702**

**Samantha Sooknanan, Secretary
519 90th Avenue North
St. Petersburg, Florida 33702**

ARTICLE VI REGISTERED AGENT

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

**Kishore, Singh - Caribbean Sports Bar & Lounge, Inc.
2705 54th Avenue North - Units 10 & 11
St. Petersburg, Florida 33714**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Debbie Dragen, CDPMA
14955 Gulf Boulevard - Suite 5
Madeira Beach, Florida 33708
(727) 391-2527**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

① Kishore Singh
Signature/Registered Agent

Debbie Dragen, CDPMA
Signature/Incorporator

10/10/2000
Date

10/10/2000
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV -2 PM 3:55

FILED