POLOCOSSII 3 TRANSMITTAL LETTER 3

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

OI APR 16 AM 10: 10

SECRETARY OF STATE
TALLAHASSEE FIORIE

SUBJECT: Caribl	oean Copiers and Su	pplies, Inc.	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
			40000401 -04/16/01 *****78.
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Georgette Alfau		
PROM.	Name (Pi	inted or typed)	
	8260 SW 149th CT	., #105	
Miami, FL 33193 City, State & Zip			
305-979-9780			

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

Daytime Telephone number

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 Copiers and Supplies, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8260 SW 149th CT., #105 Miami, FL 33193

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale and retail photocopier, photocopier parts, photocopier supplies and office supplies.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

Georgette Alfau 8260 SW 149th CT., #105 Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Georgette Alfau 8260 SW 149th CT., #105 Miami, FL 33193

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

H.

Data

04/10/0)

Date