P01000081986

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

SUBJECT: CARIBBOTH HANDSCRATTS CORF. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Englaced are an origin	inal and one (1) copy of the artic		00004538 -08/16/01 *****78.79	-01027021
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☐ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	KURT HER	Printed or typed)	ESQ	
-	多 14054 8	SW 917Ex	llact	
-	MIAMI City,	FL 3318	SECRE TALLA	O AUG
-	305 385 Daytime Te	1737 Elephone number	HASSEE FLOR	16 PH 3: 3
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NOTE: Please provide the original and one copy of the articles.

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Ť	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 HANDSCRAFTS CORP,
	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
	14054 SW 91 TECCACE = = = = = = = = = = = = = = = = = = =
	The purpose for which the corporation is organized in
	SELL MID DISTRIBUTION OF HANDSCRAFTS IN THE U.S.
	ARTICLE IV SHARES The number of shares of stock is: ONE SHARES
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
	ARTICLE VI REGISTERED AGENT
	The name and Florida street address of the registered agent is:
	KURTHERMANNI 14054 SW 91 TERRACE
	MIAMI, FL 33186 ARTICLE VII INCORPORATOR
	The name and address of the Incorporator is:
	KURT HERMANN) 14054 SWELLTEE
	MIMMI, FL 33186
	MITTING STOC
	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
	08/12/01
•	Signature/Registered Agent Date
	08/12/01
•	Signature/Incorporator Date