

TRANSMITTAL LETTER

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

200004849962--6
-01/31/02--01021--003
*****70.00 *****70.00

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

Enclosed are 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: ERNESTO ALICEA
Name (Printed or typed)

4349 W. 9th
Address

Hialeah, FL 33012
City, State & Zip

786-351-7772
Daytime Telephone number

02 JAN 31 AM 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

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 DREAMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4349 W. 9th St.
Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose on engaging in any activity or business permitted under the laws of the U.S and FL.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares, Par value \$1.00 (One dollar) per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ERNESTO ALICEA - President

4349 W. 9th St.

Hialeah, FL 33012

ARTICLE VI REGISTERED AGENT

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

ERNESTO ALICEA

4349 W. 9th St.

Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ERNESTO ALICEA

4349 W. 9th St.

Hialeah, FL 33012

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

Signature/Registered Agent

Signature/Incorporator

FILED
02 JAN 31 AM 9:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/24/02
Date

1/24/02
Date