## TRANSMITTAL LETTER 0200023596

Department of State

| Division of Corpora                                                                             | tions                               |                   |                                                                                        |  |
|-------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|----------------------------------------------------------------------------------------|--|
| P. O. Box 6327                                                                                  |                                     |                   |                                                                                        |  |
| Tallahassee, FL 323                                                                             | 314                                 |                   |                                                                                        |  |
| SUBJECT: C                                                                                      | PRRINCTON CAR<br>(PROPOSED CORPORA) |                   | 00005020652<br>-02/26/0201023007<br>*****87.50 *****87.50<br>TERCE CORP<br>UDE SUFFIX) |  |
| Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$ 7. |                                     |                   |                                                                                        |  |
| \$70.00                                                                                         | \$78.75                             | <b>□</b> \$78.75  | \$87.50                                                                                |  |
| Filing Fee                                                                                      | Filing Fee                          | Filing Fee        |                                                                                        |  |
| <b>3</b>                                                                                        | & Certificate of Status             | & Certified Copy  | Filing Fee,<br>Certified Copy                                                          |  |
|                                                                                                 |                                     | as continued copy | & Certificate of                                                                       |  |
|                                                                                                 |                                     |                   | Status                                                                                 |  |
|                                                                                                 | ·                                   | ADDITIONAL CO     |                                                                                        |  |
| FROM:                                                                                           | D. ELLERY CARRI<br>Name (Pri        | NGTON             |                                                                                        |  |
|                                                                                                 | Name (Pri                           | inted or typed)   | 02 F                                                                                   |  |
| 1220 N. E 204 TER Address  LARRY SSI                                                            |                                     |                   |                                                                                        |  |
|                                                                                                 | A                                   | ddress            | [33"                                                                                   |  |
| •                                                                                               | NORTH MIAMI                         | BEACH FLORI       | FILE D ETARY OF STATE HASSEE, FLORID                                                   |  |
|                                                                                                 | •                                   | _                 | <b>9</b><br>DA                                                                         |  |
|                                                                                                 | 305 652-252.                        | 4                 |                                                                                        |  |
| 305 652-25-24<br>Daytime Telephone number                                                       |                                     |                   |                                                                                        |  |

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

| and the second s |                                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · · · · · <u></u>                     |  |  |  |
| CARRINGTON CARIBBEAN COMME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 205 6000                              |  |  |  |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REE COIRP.                            |  |  |  |
| 1230 N.E 204 TER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 02 FF                                 |  |  |  |
| MORTH MIRMI BEACH - FLORIDA 331  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TAR 26                                |  |  |  |
| EXPORT_IMPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PH 1: 49 YOF STATE                    |  |  |  |
| ARTICLE IV SHARES The number of shares of stock is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ROFE 5                                |  |  |  |
| ONE HUNDRED,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |  |  |  |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |  |  |  |
| ATMICE DE LA DECICTEDED ACENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |  |  |  |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| D. ELLERY CARRINGTON.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |  |  |  |
| 1220 N.E 204 TER-N.M.B. FL 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 79                                    |  |  |  |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |  |  |  |
| D. ELLERY CARRINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -<br>-                                |  |  |  |
| 1220 N.E 204 TER<br>N.M.B. FLORIDA 33179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |  |  |  |
| **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |  |  |  |
| certificate, I am familiar with and accept the appointment as registered agent and agree to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |  |  |  |
| Signature/Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2-20-02<br>Date                       |  |  |  |
| Signature Regionale Argente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |  |  |  |
| Signature/Incorporator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>2-20-02</u><br>Date                |  |  |  |
| · , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |  |  |  |

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