

TRANSMITTAL LETTER

**PA2000097835**

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

SUBJECT: CARIB ENTERPRISES, INCORPORATED  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200007564192--6  
-09/06/02--01028--013  
\*\*\*\*\*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: PETER M<sup>C</sup> CARTHY  
Name (Printed or typed)

P.O. Box 970137  
Address

COCONUT CREEK, FL 33097-0137  
City, State & Zip

954-443-6369  
Daytime Telephone number

FILED  
02 SEP -6 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SE  
9/11

# 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:

CARIB ENTERPRISES, INCORPORATED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 970137

COCONUT CREEK, FL 33097-0137

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND ALL LAWFUL BUSINESS AS ALLOWED  
BY THE STATE OF FLORIDA

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PETER MCCARTHY, PRESIDENT

2357 NW 162 WAY

PEMBROKE PINES, FL 33028

## ARTICLE VI REGISTERED AGENT

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

PETER MCCARTHY

2357 NW 162 WAY

PEMBROKE PINES, FL 33028

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

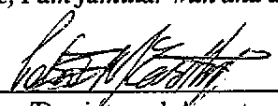
PETER MCCARTHY

2357 NW 162 WAY

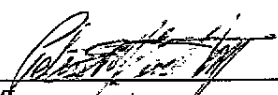
PEMBROKE PINES, FL 33028

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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

8-19-02  
Date

  
Signature/Incorporator

8-19-02  
Date

FILED  
02 SEP -6 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA