

PO3000110409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800021846638

10/07/03--01040--022 **78.75

03 OCT -7 PM 2:47
RECEIVED
STATE OF FLORIDA
TALLAHASSEE

03 OCT -7 AM 11:37
RECEIVED
STATE OF FLORIDA
TALLAHASSEE

FILED

RECEIVED

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. CARIBBEAN INVESTOR GROUP INC
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

CARIBBEAN INVESTOR GROUP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4296 PALM AVENUE
HIALEAH, FL 33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED SHARES (100) WITH FIVE DOLLARS (\$5.00) VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JUAN F FERRANDO
4296 PALM AVENUE
HIALEAH, FL 33012

03 OCT -7 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V INITIAL DIRECTORS / OFFICERS

The name(s), address(es) and title(s) of the initial Directors / Officers of this Corporation is (are):

JUAN F FERRANDO
4296 PALM AVENUE
HIALEAH, FL 33012

ARTICLE VI INCORPORATOR(S)

The name(s) and address(es) of the Incorporator(s) is(are):

JUAN F FERRANDO
4296 PALM AVENUE
HIALEAH, FL 33012

The undersigned has (have) executed these Articles of Incorporation this 3RD day
of OCTOBER, 2003.


Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

The name of the corporation is:

CARIBBEAN INVESTOR GROUP INC

The name and address of the registered agent and office is:

JUAN F FERRANDO

(Name)

4296 PALM AVENUE

(PO Box not accepted)

HIACLEAH, FL 33012

(City, State, Zip)

Signature

Juan Felipe Ferrando
(Corporate Officer)

Title: **PRESIDENT**

Date: 10/3/2003

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT, AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

Juan Felipe Ferrando
DATE: 10/3/2003

REGISTERED AGENT FILING FEE: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT -7 PM 2:4

FILED