P03000116187

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700023764017

aiv 15/03--01037--018 **78.7\$

03 DCT 15 AM 9: 51
SECRETARY 0: STATE
ALLOWD

TRANSMITTAL LETTER

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

RIBE LANE PROPERTIES,	INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFEX)
inal and one (1) copy of the arti	cles of incorporation an	d a check for:
\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
PO BOX 231	`	
ODESSA, FLORIDA 3355	66	·
813 926 0775	•	
	inal and one (1) copy of the article \$78.75 Filing Fee & Certificate of Status FULLER & COMPANY, P Name PO BOX 231 ODESSA, FLORIDA 3355 City, 813 926 0775	Filing Fee & Certificate of Status ADDITIONAL CO FULLER & COMPANY, P.A. Name (Printed or typed) PO BOX 231 Address ODESSA, FLORIDA 33556 City, State & Zip

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

CARIBE LANE PROPERTIES, INC.

03 OCT 15 AH 9: 51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II _ PRINCIPAL OFFICE

The principal place of business/mailing address is: 2701 W BUSCH BLVD SUITE 130 TAMPA FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ACQUISITION OF REAL PROPERTY AND ANY AND ALL OTHER
LAWFUL ENDEAVORS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): DAVID CARR - PRESIDENT

ARTICLE VI REGISTERED AGENT

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

MICHAEL W FULLER 2701 W BUSCH BLVD SUITE 141 TAMPA FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL W. FULLER PO BOX 231 ODESSA FL 33556

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

| 10/14/03 |
| Signature/Registered Agent | Date

Signature/incorporator Date