

P04000016293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

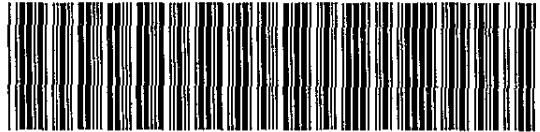
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

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TRANSMITTAL LETTER

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

SUBJECT: CARIBBEAN LEISURE ATTRACTIONS, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: GODFREY KING
Name (Printed or typed)

13983 SW 179 STREET
Address

MIAMI, FL 33177
City, State & Zip

(786) 293-7800
Daytime Telephone number

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 LEISURE ATTRACTIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**13983 SW 179 STREET
MIAMI, FLORIDA 33177**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**MANAGING, ADVISING AND CONSULTING IN PROJECT DEVELOPMENT
PROGRAMS, BUSINESS VENTURES, ENTERTAINMENT, RESEARCH, EDUCATION
AND TRAINING.**

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

GODFREY N. KING 13983 SW 179 STREET, MIAMI, FLORIDA 33177

ARTICLE VI REGISTERED AGENT

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

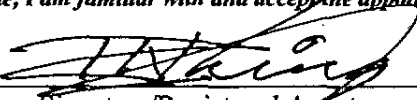
GODFREY N. KING 13983 SW 179 STREET, MIAMI, FLORIDA 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GODFREY N. KING 13983 SW 179 STREET, MIAMI, FLORIDA 33177

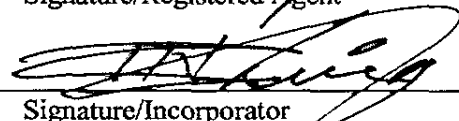
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01/14/04

Date



Signature/Incorporator

01/14/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA