

CAPITAL CONNECTION

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN - 9 AM 8:44

FLORIDA PROFIT CORPORATION OR P.A.
CARIB LIMOUSINE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be:
CARIB LIMOUSINE SERVICES, INC.**ARTICLE II PRINCIPAL OFFICE**The principal place of business/mailling address is:
11900 NW 31 STREET
SUNRISE, FL 33323**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
NEW BUSINESS**ARTICLE IV SHARES**The number of shares of stock is:
500**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**The name(s) and address(es):
RADCLIFFE RICKETTS
11900 NW 31 STREET
SUNRISE, FL 33323**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:
DENNIS LOWE
7740 NW 29 STREET
MARGATE, FL 33063**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:
RADCLIFFE RICKETTS
11900 NW 31 STREET
SUNRISE, FL 33323

Having been 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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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