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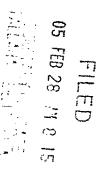
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: CARIBE	BEAN FLAVORS, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: EM	ANUEL A. MOORES, ESQ.		
	Name	(Printed or typed)	
	1330 N. JOHN YOUNG PARKWA		
	KISSIMMEE, FLORIDA 34741	Address	
•		State & Zip	
<u>:</u>	407-931-0003	elephone number	
	Dayunic 1	arehaman marriage	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

RECEIVED

05 MAR 23 PM 12: 24

VICTOR CONTRACTOR STATE

March 7, 2005

EMANUEL A. MOORES, ESQ. 1330 N. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

SUBJECT: CARIBBEAN FLAVORS, INC.

Ref. Number: W05000011783

We have received your document for CARIBBEAN FLAVORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please list one registered agent with street address. You don't need three registered agents.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis
Regulatory Specialist II
New Filings Section

Letter Number: 605A00015661

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:

EXOTIC CARIBBEAN FLAVORS, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 2503 Calla Lily Cove Kissimmee, FL 34758

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Caribbean Food - Restaurant

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Oswald Edwards, 2503 Calla Lily Cove, Kissimmee, Fl 34758 Theresa Edwards, 2503 Calla Lily Cove, Kissimmee, FL 34758 Hezekiah Edwards, 2503 Calla Lily Cove, Kissimmee, FL 34758

REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

OSwald Edwards 2503 Calla Lily Cove Kissimmee, FL 34758

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

OSwald Edwards 2503 Calla Lily Cove Kissimmee, FL 34758

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

Signature/Incorporator

03-18-2005 Date 03-18-2008