

P05000 147934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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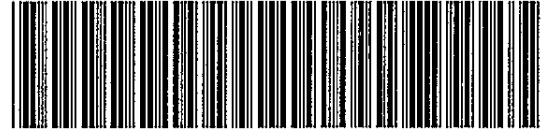
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Caribbean Corporation  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: James P. Hammond  
Name (Printed or typed)

440 NW 19th St.  
Address

Homestead FL 33030  
City, State & Zip

305 401-7994  
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 Corporation*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*440 NW 19th St.*

*Homestead, FL 33030*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*export of goods and materials*

**ARTICLE IV SHARES**

The number of shares of stock is:

*10,000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*James P. Hammond*

*440 NW 19th St.*

*Homestead, FL 33030*

*President & Treasurer*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*James P. Hammond*

*440 NW 19th St.*

*Homestead FL 33030*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*James P. Hammond*

*440 NW 19th St.*

*Homestead, FL 33030*

\*\*\*\*\*

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

*James P. Hammond*  
\_\_\_\_\_  
Signature/Registered Agent

*11-01-05*

Date

*James P. Hammond*  
\_\_\_\_\_  
Signature/Incorporator

*11-01-05*

Date

FILED  
05 NOV -4 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA