

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

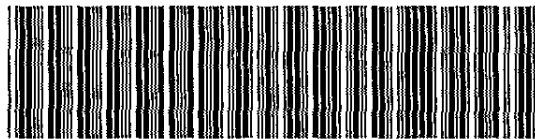
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000066117010

02/21/06--01043--023 \*\*87.50

06 FEB 21 PM 12:53

SECRET  
TALLAHASSEE, FLORIDA

RECEIVED FEB 22 2005

COVER LETTER

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

SUBJECT: Cariser 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  
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: Ingrid J. Lopez

Name (Printed or typed)

9419 Fontainebleau Blvd. #107

Address

Miami, Fl. 33172

City, State & Zip

305-436-5859

Daytime Telephone number

STUCK FOR FILE  
TALLAHASSEE, FLORIDA

06 FEB 21 PM 12:53

FILED

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:

Cariser Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9419 Fontainebleau Blvd. #107 Miami, Florida 33172

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Trading services

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ingrid J. Lopez (President)  
9419 Fontainebleau Blvd. #107  
Miami, Florida 33172

## ARTICLE VI REGISTERED AGENT

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

Ingrid J. Lopez  
9419 Fontainebleau Blvd. #107  
Miami, Florida 33172


## ARTICLE VII INCORPORATOR

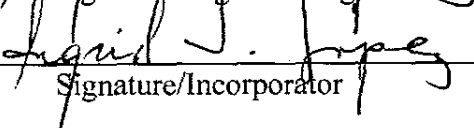
The name and address of the Incorporator is:

Ingrid J. Lopez  
9419 Fontainebleau Blvd. #107  
Miami, Florida 33172

\*\*\*\*\*

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

  
Date

  
Date

FILED  
06 FEB 21 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA