

PO 6 000116959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

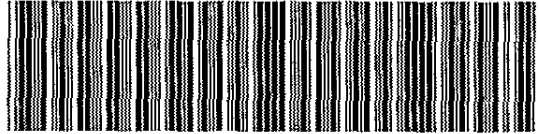
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

606-3836

COVER LETTER

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

SUBJECT: Caribbean Multiservices ~~Corp~~ Co.  
(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:

Kimberly Hanieph  
Name (Printed or typed)

3350 E. Atlantic Dr.  
Address

Boynton Beach FL 33435  
City, State & Zip

(561) 261-5298  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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 Multiservices ~~Inc~~ Co.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3350 E. Atlantic Dr.  
Boynton Beach FL 33435

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pressure cleaning and other 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):

President - Ravindra Ramnarace  
Vice President - Kimberly Hanieph } Same address  
3350 E. Atlantic Dr  
Boynton Beach FL 33435

## ARTICLE VI REGISTERED AGENT

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

Kimberly Hanieph  
3350 E. Atlantic Dr.  
Boynton Beach FL 33435

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

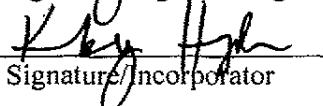
Kimberly Hanieph  
3350 E. Atlantic Dr.  
Boynton Beach FL 33435

\*\*\*\*\*

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

8/20/06

Date

8/20/06

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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