

PD8888856563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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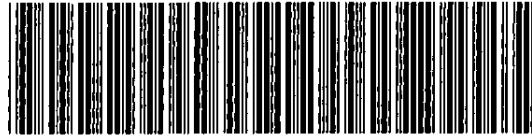
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
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COVER LETTER

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

SUBJECT: CARIBBEAN TAKE OUT and GROCERY, 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: MONEL PAUL
Name (Printed or typed)

1305 HOMESTEAD rd #105
Address

LEHIGH FL 33936
City, State & Zip

(239) 810 6144
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2008

MONEL PAUL
1305 HOMESTEAD RD #105
LEHIGH ACRES, FL 33936

SUBJECT: CARIBBEAN TAKE-OUT AND GROCERIES, INC
Ref. Number: W08000015341

We have received your document for CARIBBEAN TAKE-OUT AND GROCERIES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please correct the city name in all addresses throughout the document. (Lehigh Acres)

Please return the corrected 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) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 908A00017665



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2008

MONEL PAUL
1305 HOMESTEAD RD #105
LEHIGH ACRES, FL 33936

2ND MAILING

SUBJECT: CARIBBEAN TAKE-OUT AND GROCERIES, INC
Ref. Number: W08000015341

We have received your document for CARIBBEAN TAKE-OUT AND GROCERIES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected 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) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 908A00017665

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 take out and Grocery inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1305 Homestead rd
Lehigh Acres Fl 33936

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell Food and Groceries.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MONEL PAUL Director
DANIELLE ST Hubert Vice director
522 Parkside St Lehigh Acres FL 33936

ARTICLE VI REGISTERED AGENT

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

Monel Paul
1305 Homestead rd, Lehigh Acres 33936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DANIELLE ST- Hubert
3000 8th St SW Lehigh Acres, FL 33976

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

Date

Signature/Incorporator

Date

FILED
08 JUN -6 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DANIELLE ST- Hubert

06-03-08