

P08000095119

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~80-22-01~~
10-22-08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2008

DIXAN LOPEZ
6084 BENT PINE DR., APT. 4336
ORLANDO, FL 32822

SUBJECT: CARIBBEAN SERVICES INC
Ref. Number: W08000040989

We have received your document for CARIBBEAN SERVICES 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.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please complete Florida profit articles of incorporation. This is not a non-profit corporation.

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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 608A00048679

COVER LETTER

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

SUBJECT: Sixmar Caribbean Services 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:

Sixan Lopez

Name (Printed or typed)

4040 Bent Ave Dr Apt 3222

Address

Ocala FL 32822

City, State & Zip

407-715-9449

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:

Sixma Caribbean Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

*6040 Bent Dixie Ln Apt 3222
Orlando FL 32822*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Delivery Services

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Sixma Lopez Fernandez
6040 Bent Dixie Ln Apt 3222
Orlando FL 32822*

ARTICLE VI REGISTERED AGENT

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

*Sixma Lopez Fernandez
6040 Bent Dixie Ln Apt 3222
Orlando FL 32822*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Sixma Lopez Fernandez
6040 Bent Dixie Ln Apt 3222
Orlando FL 32822*

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]

Signature/Registered Agent

[Signature]

Signature/Incorporator

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TALLAHASSEE, FLORIDA

09/24/08

Date

09/24/08

Date