

PI0000029317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200167168862

03/04/10--01024--013 **78.75

FILED
10 APR -2 PM 3:27
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

WI0000011290
CQ

4-5-10 CQ

COVER LETTER

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

SUBJECT: CARIB ENTERPRISES, 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: MONRODYE JONES
Name (Printed or typed)

2930 EAST SABLE CIRCLE
Address

MARGATE, FL 33063
City, State & Zip

954-449-5334
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2010

MONROYDE JONES
2930 EAST SABLE CIRCLE
MARGATE, FL 33063

SUBJECT: CARIB ENTERPRISES, INC.
Ref. Number: W10000011290

We have received your document for CARIB ENTERPRISES, INC. and your check(s) totaling \$78.75. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 210A00005485

RECEIVED
10 APR - 2 PM 3:27
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32304

CARIB ENTERPRISES, INC.

P.O. Box 935131
Margate, FL 33093-5131
Tel: 954-449-5334

March 28, 2010

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

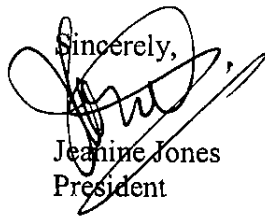
RE: P05000100780

To Whom It May Concern:

With regards to the above referenced corporation which has been administratively dissolved, please be advised that we have no intention of reinstating this corporation; therefore the name can be released to another entity.

If you have any questions, you can reach me at 954-449-5334.

Sincerely,


Jeanine Jones
President

FILED
10 APR -2 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CARIB ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

PRINCIPAL 2930 EAST SABLE CIRCLE
MARGATE, FL 33063

MAILING P.O. Box 935131
MARGATE, FL 33093-5131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL ACTIVITIES WITHIN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JEANINE JONES - PRESIDENT
2930 EAST SABLE CIRCLE
MARGATE, FL 33063

MONROYDE JONES - SECRETARY
2930 EAST SABLE CIRCLE
MARGATE, FL 33063

ARTICLE VI REGISTERED AGENT

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

MONROYDE JONES
2930 EAST SABLE CIRCLE
MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MONROYDE JONES
2930 EAST SABLE CIRCLE
MARGATE, FL 33063

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

3-1-10

3-1-10

10 APR - 2 PM 3:27

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA