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To:

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION CAIBARIEN SERVICE INC

Certificate of Status

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02

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LAZARUS

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# H10000100464

#### 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:

CAIBARIEN SERVICE INC

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 4111 NW 37 AVE
MIAMI FL 33142

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

## <u>ARTICLE IV SHARES</u>

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALEXIS

**GONZALEZ** 

#### ARTICLE VI REGISTERED AGENT

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

**ALEXIS GONZALEZ** 

4111 NW 37 AVE

**MIAMI FL 33142** 

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**ALEXIS GONZALEZ** 

4111 NW 37 AVE

MIAMI FL 33142

\*\*\*\*\*

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 cartificate.

Signature/Registered Agent

Signature/Incorporator

4-27-10 Date

4-27-10

Date