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(Requestor's Name)

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(City/State/Zip/Phone #)

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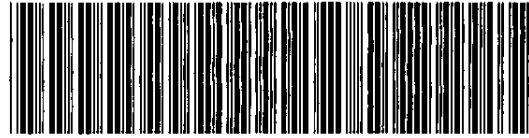
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/01/10--01019--015 **78.75

WLB-51748

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2010 NOV 29 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh DEC 02 2010

COVER LETTER

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

SUBJECT: Caribbean Exotic Catering DR, 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: Jose M Lovaton

Name (Printed or typed)

15100 Milagrosa DR # 104

Address

Fort Myers, FL 33908

City, State & Zip

239-689-8263

Daytime Telephone number

lovafranc@hotmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2010

JOSE M LOVATON
15100 MILAGROSA DR #104
FORT MYERS, FL 33908

SUBJECT: CARIBBEAN EXOTIC CATERING DR, INC
Ref. Number: W10000051748

We have received your document for CARIBBEAN EXOTIC CATERING DR, 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):

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

An effective date **may** be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 110A00026010



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 16, 2010

JOSE M LOVATON
15100 MILAGROSA DR #104
FORT MYERS, FL 33908

SUBJECT: CARIBBEAN EXOTIC CATERING DR, INC
Ref. Number: W10000051748

We have received your document for CARIBBEAN EXOTIC CATERING DR, 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):

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

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

An effective date **may** be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 410A00026899

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 Exotic Catering, DR, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
15100 Milagrosa Dr #104
Fort Myers, FL 33908

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Food and Catering Services

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose M. Lovaton Vice President
Address: 15100 Milagrosa Dr 104
Fort Myers, FL 33908

Name and Title:
Address:

Name and Title: Marisol F Lovaton President
Address: 15100 Milagrosa Dr 104
Fort Myers, FL 33908

Name and Title:
Address:

Name and Title: Jose M. Lovaton
Address: 15100 Milagrosa Dr 104
Fort Myers, FL 33908

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Roberto Garcia
Address: 2469 SW 102 CT
Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roberto Garcia
Address: 2469 SW 102 CT
Miami, FL 33165

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

Roberto Garcia
Required Signature/Registered Agent

11/23/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Roberto Garcia
Required Signature/Incorporator

11/23/10

Date

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2010 NOV 29 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA