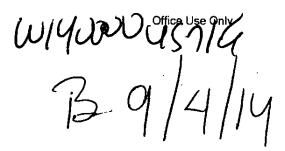
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(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2014

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CARRIBEAN GRUB SPOT 3922 SW 68 AVE MIRAMAR, FL 33023

SUBJECT: CARRIBEAN GRUB SPOT INC.

Ref. Number: W14000045716

We have received your document for CARRIBEAN GRUB SPOT 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Registered agent must have street 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 114A00018048

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

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

SURJECT: CAF	RRIBEAN GRUB	SPOT INC.	
10 CO ESTREAM S *	(PROPOSED CORPORA	TE NAME - MUST INCLU	IDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY REQUIRED
FROM: C	ARRIBEAN GRU	JB SPOT エ/e (Printed or typed)	VC.
39	922 SW 68 AVE		
M	IRAMAR , FLOR	Address  RIDA 33023  State & Zip	
78	362740767	Celephone number	
<del></del>	·	d for future annual report	notification)

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)

	INCIPAL OFFICE Principal street address	Mailing address,	if different is:
3922 SW 681	TH AVE		
MIRAMAR ,F	FLORIDA 33023		
•	RPOSE the corporation is organized is: A FOOD TRUCK ESTABLISHMENT . WHICH BE	USED FOR THE SALE OF CARRIBE	AN STYLE COOKED FOOD
			#1V181811 51 SEP - 2
·			PH 2: 28
Name and Tit  Address	3922 SW 68TH AVE	Name and Title:   Address:	
	MIRAMAR, FL 33023  GUERDINE CORNEILLE CEC  3922 SW 68TH AVE	Name and Tuici	
Name and Titl	MIRAMAR,FL 33023		

Name and T	itle:	Name and Title:	-
Address		Address:	-
	<b>REGISTERED AGENT</b> da street address (P.O. Box <b>NO</b> T acceptable) of	SEP - 6 A Constitution of the registered agent is:	- -
Name: _	ISMAEL CORNEILLE	and the second s	: =1
Address: _	3922 SW 68 th ave MIRAMAK, FLORIDA 33023	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	ŀ
The <u>name and addr</u> Name:	GUERDINE CORNEILLE	_	
Address:	3922 SW 68TH AVE	_ _	
	MIRAMAR, FLORIDA 33023	_	
Having been named this certificate, I gen	I as registered agent to accept service of process familiar with and accept the appointment as reg	ss for the above stated corporation at the place designated gistered agent and agree to act in this capacity	! in
100	Required Signature/Registered Agent		_
I submit this docum document to the De	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon	e true. I am aware that the false information submitted in as provided for in s.817.155, F.S.	n a
9 herdne	Required Manature/Incorporator	08/18 //4	<u>1</u>
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