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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 29 2015

W PAINTER

## COVER LETTER

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

**SUBJECT:** CARIBBEAN FINANCIAL CORPORATION  
**(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:** JOSEPH P. MEYERS  
Name (Printed or typed)

25 VIA ROMA  
Address

PALM COAST, FL 32137  
City, State & Zip

386-446-9485  
Daytime Telephone number

ANNMEYERS@ROCKETMAIL.COM  
E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: CARIBBEAN FINANCIAL CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

25 VIA ROMA

PALM COAST, FL 32137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

FINANCING AND DEVELOPMENT OF MINERALS PROCESSING OF HEAVY  
MINERALS AND THE DEVELOPMENT OF LAND FOR SUCH PURPOSE.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RAYMOND DUVAL, PRESIDENT

Name and Title: RICHARD SANDERS DIR.

Address 34208 AURORA RD. APT 153  
OLON, OH 44139

Address: 1639 QUARTZ DRIVE  
ST. GEORGE, UT 84790

Name and Title: JOSEPH MEYERS SECTY

Name and Title: \_\_\_\_\_

Address 25 VIA ROMA  
PALM COAST, FL 32137

Address: \_\_\_\_\_

Name and Title: ANN MEYERS TREAS.

Name and Title: \_\_\_\_\_

Address 25 VIA ROMA  
PALM COAST, FL 32137

Address: \_\_\_\_\_

15 JUL 24 PM 12:46  
CLERK OF STATE  
TAMPA, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: JOSEPH MEYERS  
Address: 25 VIA ROMA  
PALM COAST, FL 32137

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JOSEPH MEYERS  
Address: 25 VIA ROMA  
PALM COAST, FL 32137

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ALLA WASSER, FLO 1010

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

J. P. Meyers  
Required Signature/Registered Agent

July 22, 2015  
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.*

J. P. Meyers  
Required Signature/Incorporator

July 22, 2015  
Date