

P15000088162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

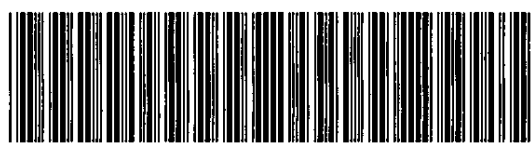
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 27 2015

COVER LETTER

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

SUBJECT: Cabral Caribe Exports 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Isabella Lage

Name (Printed or typed)

320 S. Flamingo Rd #348

Address

Pembroke Pines, Florida 33027

City, State & Zip

954-298-0067

Daytime Telephone number

tiovaro1@hotmail.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: Cabral Caribe Exports INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

320 S. Flamingo Rd #348

Pembroke Pines, Florida 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isabella Lage

Name and Title: President

Address 320 S. Flamingo Rd #348

Address:

Pembroke Pines, Florida 33027

Name and Title: Ali Cabral

Name and Title: Vice President

Address 320 S. Flamingo Rd #348

Address:

Pembroke Pines, Florida 33027

Name and Title: Franco Maldini

Name and Title: Treasurer

Address 320 S. Flamingo Rd #348

Address:

Pembroke Pines, Florida 33027

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SECRETARY OF STATE
TALLAHASSEE, 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: Isabella Lage
Address: 320 S. Flamingo Rd #348
Pembroke Pines, Florida 33027

ARTICLE VII INCORPORATOR

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

Name: Franco Maldini
Address: 320 S. Flamingo Rd #348
Pembroke Pines, Florida 33027

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

Isabella Lage

Required Signature/Registered Agent

10/13/15
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.

Franco Maldini

Required Signature/Incorporator

10/13/15
Date