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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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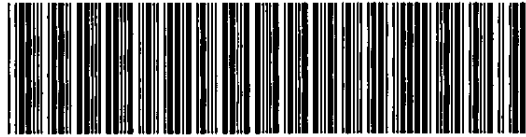
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: LA MODA CARIBE 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: JAMES MARQUIS
Name (Printed or typed)

123 S. McMULLEN BOOTH RD
Address

CLEARWATER FL 33759
City, State & Zip

727 643 2980
Daytime Telephone number

JRONPAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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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: LA MODA CARIBE INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

123 S. McMULLEN BOOTH RD #142
CLEARWATER, FL 33759

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE AN INTERNET FASHION STORE
AND TO ENGAGE IN ANY OTHER LAWFUL ACTIVITY
FOR WHICH CORPORATIONS MAY BE INCORPORATED
IN THIS STATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES MARQUIS CEO

Address: 123 S. McMULLEN BOOTH RD

#142

CLEARWATER, FL 33759

Name and Title: YAHAIRA GARCIA ROMERO

Address: COSTA BAVARO VILLAS

SOL 2 #202 C

BAVARO, DOMINICAN REPUBLIC

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: JAMES MARQUIS
Address: 123 S MCMULLEN BOOTH RD X 142
CLEARWATER, FL 33759

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES MARQUIS
Address: 123 S. MCMULLEN BOOTH RD X 142
CLEARWATER FL 33759

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


Required Signature/Registered Agent

15 NOV 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.


Required Signature/Incorporator

15 NOV 15
Date