

P/600000-6306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

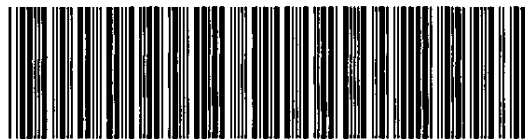
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JAN 12 PM 2:48

JAN 25 2016

T. SCOTT

COVER LETTER

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

SUBJECT: CARIBBEAN CYCLES & WATERCRAFTS, 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: JESSE REYES

Name (Printed or typed)

4316 LEE BLVD UNIT 6

Address

LEHIGH ACRES, FL 33971

City, State & Zip

239-244-9450

Daytime Telephone number

JESSE@JEMAAPT.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 CYCLES & WATERCRAFTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
839 SEA URCHIN CIRCLE

FORT MYERS, FL 33913

Mailing address, if different is:

839 SEA URCHIN CIRCLE

FORT MYERS, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MOTORCYCLE REPAIRS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANY BORGES MATOS / P

Address 839 SEA URCHIN CIR

FORT MYERS, FL 33913

Name and Title: KATELYN M BORGES MATOS/ VP

Address: 839 SEA URCHIN CIR

FORT MYERS FL 33913

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: DANY BORGES MATOS
Address: 839 SEA URCHIN CIR
FORT MYERS, FL 33913

ARTICLE VII INCORPORATOR

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

Name: DANY BORGES MATOS
Address: 839 SEA URCHIN CIR
FORT MYERS, FL 33912


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016. (OPTIONAL)

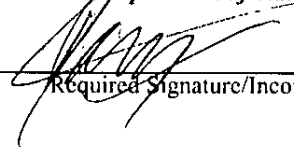
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 12/31/2015
Required Signature/Registered Agent 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.

 _____ 12/31/2015
Required Signature/Incorporator Date