

P16000013374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

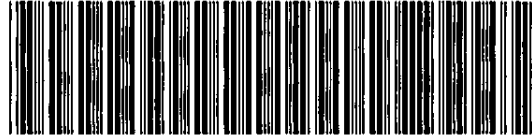
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AC. Gulligan FEB 11 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2016

PARROTS OF THE CARIBBEAN, INC.
2777 N. POINCIANA BLVD.
KISSIMMEE, FL 34746

SUBJECT: PARROTS OF THE CARIBBEAN, INC.
Ref. Number: W16000007392

We have received your document for PARROTS OF THE CARIBBEAN, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 016A00002251

COVER LETTER

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

SUBJECT: PARRIOTS OF THE CARIBBEAN, 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
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: PARRIOTS OF THE CARIBBEAN, INC
Name (Printed or typed)

2777 N. POINCIANA BLVD
Address

KISSIMMEE, FLORIDA 34746
City, State & Zip

(407) 396-2744,
Daytime Telephone number

FVVCLUB@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

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

February 11, 2016

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

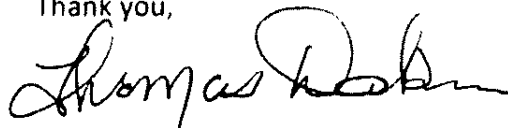
Reference Number: W16000007392 for Parrots of the Caribbean, Inc.

I, Thomas Daku, am the sole proprietor of both corporations, Parrots of the Caribbean, LLC, a foreign corporation, and Parrots of the Caribbean, Inc.

We request to have the Parrots of the Caribbean, Inc., registered as a Florida Corporation.

Please approve our application.

Thank you,

A handwritten signature in black ink that reads "Thomas Daku". The signature is written in a cursive style with a large, prominent initial "T".

Thomas Daku
Managing Member and President
Parrots of Caribbean, LLC
Parrots of Caribbean, Inc.

2777 N . Poinciana Blvd. #124 Kissimmee, FL 34746

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: PARROTS OF THE CARIBBEAN, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2777 N. POINCIANA BLVD
KISSIMMEE, FLORIDA 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE LAND AND
WATER TOURS TO GUESTS OF CRUISE
LINES AND OTHER INTERESTED PARTIES.

ARTICLE IV SHARES

The number of shares of stock is: 100 (one hundred)

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>THOMAS DAKU, PRESIDENT</u>	Name and Title:	<u>BRIDGET PASQUARELLO</u>
Address	<u>1106 TEAL AVE</u>	Address:	<u>SEC/TRES</u>
	<u>CELEBRATION FL</u>		<u>1102 LUTYENS LAKE</u>
	<u>34747.</u>		<u>CELEBRATION, FL 34747.</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	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: THOMAS DAKU.
 Address: 706 TEAL AVE
CELEBRATION, FL 34747

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 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: THOMAS DAKU.
 Address: 706 TEAL AVE
CELEBRATION, FL 34747

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

Thomas Daku _____ JAN 20, 2016
 Required Signature/Registered Agent Date

THOMAS DAKU.
 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.

Thomas Daku _____ JAN 20, 2016
 Required Signature/Incorporator Date

THOMAS DAKU.