

P16000048671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

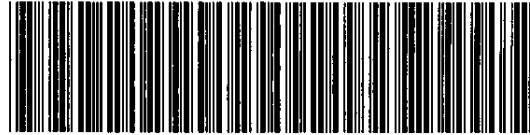
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 16 10:52

W16-033940

06/06/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2016

AUREA CRUZ
7708 N. FLORIDA AVE
TAMPA, FL 33604

SUBJECT: CARIBE ENVIOS CORP
Ref. Number: W16000033940

We have received your document for CARIBE ENVIOS CORP 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.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P03000007132.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 016A00009757

RECEIVED

JUN -3 PM 2:00

COVER LETTER

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

SUBJECT: EL CARIBE ENVIOS CORP

(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: AUREA CRUZ
Name (Printed or typed)

7708 N FLORIDA AVE
Address

TAMPA FLORIDA 33604
City, State & Zip

8135265965
Daytime Telephone number

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUN -3 AM 10:52

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: EL CARIBE ENVIOS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
7708 N FLORIDA AVE
TAMPA FLORIDA 33604

Mailing address, if different is:
7708 N FLORIDA AVE
TAMPA FLORIDA 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MONEY TRANSFERS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AUREA CRUZ PDST
Address: 7708 N FLORIDA AVE
TAMPA FLORIDA 33604

Name and Title: AUREA ESTRADA V
Address: 7708 N FLORIDA AVE
TAMPA FLORIDA 33604

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: AUREA CRUZ

Address: 7708 N FLORIDA AVE

TAMPA FLORIDA 33604

ARTICLE VII INCORPORATOR

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

Name: AUREA CRUZ

Address: 7708 N FLORIDA AVE

TAMPA FLORIDA 33604

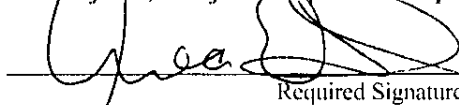
ARTICLE VIII EFFECTIVE DATE:

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

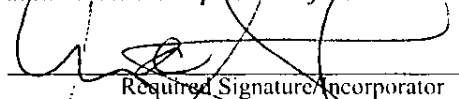


Required Signature/Registered Agent

5/20/2016

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

5/20/2016

Date

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