

P16000051869

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05/24/16--01014--013 \*\*78.75

16 JUN 16 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. Culligan JUN 11 2016

## COVER LETTER

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

**SUBJECT:** Caribbean Trading, 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:** Jaime A. Ballester

Name (Printed or typed)

201 Sedona Way

Address

Palm Beach Gardens, FL. 33418

City, State & Zip

787-459-0020

Daytime Telephone number

ballester8005@comcast.net

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2016

JAIME A. BALLESTER  
201 SEDONA WAY  
PALM BEACH GARDENS, FL 33418

SUBJECT: CARIBBEAN TRADING, INC.  
Ref. Number: W16000040021

We have received your document for CARIBBEAN TRADING, INC. and your check(s) totaling \$78.75. 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: 316A00011533

16 JUN 16 AM 10:58  
TALLAHASSEE, FLORIDA

RECEIVED

*Please see company name addition.  
I hope this one works.*

*Thanks,  
C. J. [Signature]  
6/12/2016*

**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 Trading, Inc. CARIBBEAN TRADING AND IMPORTS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

201 Sedona Way

Palm Beach Gardens, FL 33418

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Importing and selling diverse consumer and automotive products.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jaime Ballester - President

Address: 201 Sedona Way

Palm Beach Gardens, FL. 33418

Name and Title: Olga Garcia Ginorio - V.P.

Address: 201 Sedona Way

Palm Beach Gardens, FL. 33418

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

16 JUN 16 AM 11:43  
DEPT. 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: Jaime Ballester  
Address: 201 Sedona Way  
Palm Beach Gardens, FL 33418

**ARTICLE VII INCORPORATOR**

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

Name: Jaime Ballester  
Address: 201 Sedona Way  
Palm Beach Gardens, FL. 33418

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.

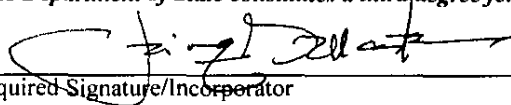
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

5/16/2016  
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

5/16/2016  
Date