

Florida Department of State

Division of Corporations

Corporate Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and phone numbers shown below on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

16 AUG -9 PM 3:50

TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
CARIBBEAN SHOP OF MIAMI ENTERPRISES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 AUG -9 AM 9:58

FILED
CLERK OF COURT
JULIA A. BROWN
TALLAHASSEE, FLORIDA

08/10/16

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H16000195130

ARTICLE I NAME: The name of the corporation is:

Caribbean Shop of Miami Enterprises INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2651 N.W 21 Terrace

Miami FL 33142

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Ociel Corado - Pres.

Bertha Corado Sec. - Treasurer

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ociel Corado

2651 NW 21 Terrace

Miami FL 33142

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Ociel Corado

2651 NW 21 Terrace

Miami FL 33142

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08/09/2016 14:34 3052201440

LAZARUS

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Required Signatures:

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

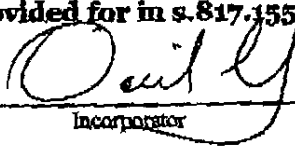


Registered Agent

8-9-16

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.



Incorporator

8-9-14

Date

16 AUG -9 AM 9:58

FILED
2016 AUG 9 AM 9:58
CLERK OF THE COURT
STATE OF FLORIDA

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