

P17 00034243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

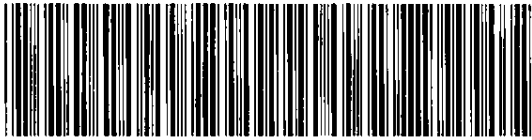
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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CARIBEX AVIATION 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: ROBERT J. FIRTH
Name (Printed or typed)

9173 OLD PINE RD
Address

BOCA RATON FL 33428
City, State & Zip

954 683 0824
Daytime Telephone number

ROBERT@CARIBEXINC.COM
E-mail address: (to be used for future annual report notification)

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: CARIBEX AVIATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9173 OLD PINE RD
BOCA RATON FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT J. FIRTH Name and Title: _____

Address: PRESIDENT & TREAS. Address: _____

9173 OLD PINE RD
BOCA RATON FL 33428

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AND
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JAN 17 2007
17 JAN 17 AM 8:46
CLERK OF THE STATE

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: ALYONA E. FIRTH
Address: 9173 OLD PINE RD.
BOCA RATON FL 33428

ARTICLE VII INCORPORATOR

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

Name: ROBERT J. FIRTH
Address: 9173 OLD PINE RD
BOCA RATON FL 33428

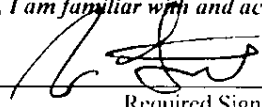
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

4/6/2017
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

4/6/2017
Date