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2019 DEC -3 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: _____

Caribbean Fish Distributors 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: _____

ROSE MARIE PATRICIA WILSON

Name (Printed or typed)

454 NW 21st Avenue

Address

Pompano Beach, FL 33069

City, State & Zip

954 - 470 - 6035

Daytime Telephone number

payzim1@gmail.com

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

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

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 Fish Distributors Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

454 NW 21st Avenue
Pompano Beach FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To carry out wholesale and retail distribution of fish, other seafoods, and food items within the South Florida Community

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rose Marie Patricia Wilson Name and Title: _____

Address 454 NW 21st Avenue Address: _____
Pompano Beach FL 33069

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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RECORDS & CLERK
TALLAHASSEE FL

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: Rose Marie Patricia Wilson
Address: 454 NW 21st Avenue
Pompano Beach FL 33069

ARTICLE VII INCORPORATOR

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

Name: Leslie George Campbell
Address: 3759 NW 91st Lane
Sunrise, FL 33351

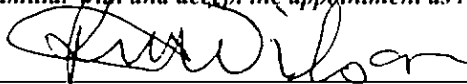
ARTICLE VIII EFFECTIVE DATE:

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

11-26-2019

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

11-26-2019

Date