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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

2020 DEC 15 PM 4:33

2020 DEC 15 PM 4:50

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CARIBBEAN COFFEE GROUP CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

JH

COVER LETTER

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

SUBJECT: CARIBBEAN COFFEE GROUP 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 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: RALPH PADRON

Name (Printed or typed)

2095 W 76TH ST - SUITE 102

Address

HIALEAH, FL 33016

City, State & Zip

305-818-0404

Daytime Telephone number

ralph@ralphpadron.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 COFFEE GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 6412 FRENCH ANGEL TERRACE
MARGATE, FL 33063

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY.

2020 DEC 15 PM 4:50

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>TAVERAS, DELSY A. - PTD</u>	Name and Title:	<u>TAVERAS, JAYSON - VPSD</u>
Address:	<u>6412 FRENCH ANGEL TERRACE</u>	Address:	<u>6412 FRENCH ANGEL TERRACE</u>
	<u>MARGATE, FL 33063</u>		<u>MARGATE, FL 33063</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	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: PADRON & ASSOCIATES, INC.

Address: 2095 W 76TH ST -STE 102
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

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

Name: RAFAEL M. PADRON

Address: 2095 W 76TH ST - STE 102
HIALEAH, FL 33016

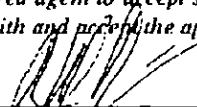
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2021. (OPTIONAL)

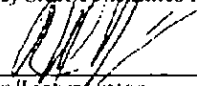
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

	12/15/2020
_____ Required Signature/Registered Agent	_____ 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.

	12/15/2020
_____ Required Signature/Incorporator	_____ Date