

Division of Corporations

B20000385411

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Caribbean Port USA Corp

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COVER LETTER

H22 000 388526 3

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

SUBJECT: Caribbean Port USA 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
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☐ \$78.75 Filing Fee
& Certified Copy
☐ \$67.50 Filing Fee,
Certified Copy
& Certificate of
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ADDITIONAL COPY REQUIRED

FROM: JAMES L. Gonzalez
Name (Printed or typed)
8180 NW 36th St. STE 406
Address
Doral, FL 33166
City, State & Zip
305-406-3800
Daytime Telephone number
At plus 8180 @ outlook.com
E-mail address: (to be used for future annual report notification)

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

H220005885063

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Caribbean Port USA Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address1101 Miranda Lane
Kissimmee, FL 34741-0769

Mailing address, if different is:

Same**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Customs Agents**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Reiner E. Barreto Pacheco - President</u>	Name and Title:	<u>Victor J. Cioce - VP</u>
Address:	<u>1101 Miranda Lane</u> <u>Kissimmee, FL 34741-0769</u>	Address:	<u>1101 Miranda Lane</u> <u>Kissimmee, FL 34741-0769</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2022 NOV 14 PM 3:06
ALPHASYS CORPORATION

H22000 588563

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Reiner E. Barreto Pacheco
 Address: 1101 Miranda Lane
Kissimmee, FL 34741-0769

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Reiner E. Barreto Pacheco
 Address: 1101 Miranda Lane
Kissimmee, FL 34741-0769

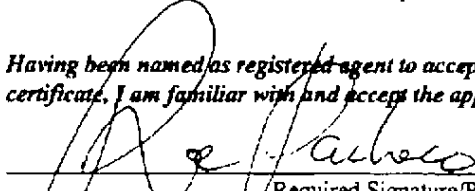
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 CLERK OF COURT
 HALL COUNTY, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

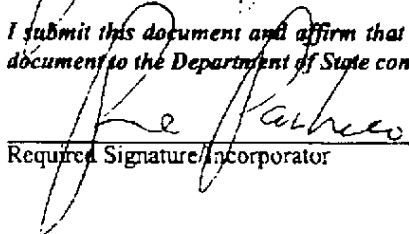
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five 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 Date 11/14/2022

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 Date 11/14/2022