

10/30/23 10:18 AM

Division of Corporations

P23000076786

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION

Caribbean Blue Wave Corp

Certificate of Status	0
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Caribbean Blue Wave Corp

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

729 NW 2nd St Unit 813

Miami, FL 33128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All Lawful Purpose.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Monica Valencia Campo - President	Name and Title:	Angelica M Gonzalez Diaz - Vicepresident
Address	729 NW 2nd St Unit 813	Address:	729 NW 2nd St Unit 813
	Miami, FL 33128		Miami, FL 33128
Name and Title:	David J Valencia Campo - Director	Name and Title:	
Address	729 NW 2nd St Unit 813	Address:	
	Miami, FL 33128		
Name and Title:		Name and Title:	
Address		Address:	

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Name and Title: _____ Name and Title: _____

Address: _____

_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Alex Pina Co.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Monica Valencia Campo
Address: 729 NW 2nd St Unit 813
Miami, FL 33128**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*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

10/30/2023

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