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6/9/95 12:39 AM
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DEPARTMENT OF STATE 1402 W FLAGLER ST
STATE OF FLORIDA SUITE 200
409 EAST GAINES STREET MIAMI FL 33135-3394-3078
TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT
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OR P.A.0006494)))m DOCUMENT TYPE: FLORIDA PROFIT CORPORATION
NAME: REAPERS CARIBBEAN SERVICES INC.
FAX AUDIT NUMBER: H95000006494 CURRENT STATUS: REQUESTED
DATE REQUESTED: 06/09/1995 TIME REQUESTED: 12:39:19
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 072460003255

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF INCORPORATION

OF

(4)

BEAFERS CARIBBEAN SERVICES INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **BEAFERS CARIBBEAN SERVICES INC.**

The principal place of business of this corporation shall be:

12901 N.W Port Said Rd., Miami FL 33054

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: **500 @ \$1.00 FIVE HUNDRED @ \$1.00 (ONE DOLLAR)**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

COREY M'ALLEN HANDFIELD, PRESIDENT

12901 N.W Port Said Rd.,
Miami FL 33054

Jose Nae, 3899 N.W 7th St., Suite #203 Miami FL 33126 Phone 541-3980-86

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ARTICLE VI INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

COREY M'ALLEN HANDFIELD

12901 N.W Port Said Rd.,
Miami Fl 33054

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these
Articles of Incorporation this 6 day of June, 1993

Signature(s) of Incorporator(s)



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STATE FILE

**CERTIFICATE DESIGNATING
REGISTRAR AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: BEAFENS CARIBBEAN SERVICES INC.

2. The name and address of the registered agent and office is:

COREY M'ALLEN HANDFIELD

12901 N.W. Port Said Rd.,

(P. O. BOX NOT ACCEPTABLE)

Miami Fl 33054

(CITY/STATE/ZIP)

SIGNATURE *[Signature]*

(Corporate Officer)

TITLE President

DATE June 6, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE *[Signature]*

(Registered Agent)

DATE June 6, 1995

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