

P96000016566

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

800001718328
-02/20/96--01081--019
*****78.75 *****78.75

SUBJECT: Del-Caribe Enterprises Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Delroy A. Thompson
Name (printed or typed)

1870 NE 167 St. Apt. 1
Address

N. Miami Bch., FL 33167
City, State & Zip

(305) 945-7919
Daytime Telephone number

(305) 227-5854

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 FEB 20 PM 2:22

FILED

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

Handwritten:
222-919

ARTICLES OF INCORPORATION

FILED
96 FEB 20 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

Del-Caribe Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1870 NE 167 St. #1
N. Miami Bch., FL 33162

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Delroy A. Thompson
1870 NE 167 St. #1
N. Miami Bch., FL 33162

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Delroy A. Thompson
1870 NE 167 St. #1
N. Miami Bch., FL 33162

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of February, 19 96.

Delroy A. Thompson
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.011, 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:

Del-Caribe Enterprises, Inc.

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

Delroy A. Thompson
(NAME)

1870 NE 167 St. #1
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

N. Miami Bch. FL 33162
(CITY/STATE/ZIP)

FILED
95 FEB 20 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

D. Thompson
(SIGNATURE)

2-16-96
(DATE)

P96000016566

P.O. Box 600363
N. Miami Bch., FL 33160

April 21, 1996

Division of Corporation
Florida Department of State
Tallahassee, FL 32314

Dear Sir/Madam

I am informing you of a change in the mailing address of
Del-Caribe Enterprises Inc. The document number of the business
is P96000016566.

The old mailing address: 1870 NE 167 Street #1
N. Miami Beach, FL 33162

The new mailing address: P.O. Box 600363
N. Miami Beach, FL 33160

Thank you.

Yours truly


Delroy Thompson

4.24.96

Welroy Thompson
1850 NE 167 St. #4
N. Miami Bch, FL 33162

City/State/Zip

Phone #

P96000016566

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

97 APR 14 PM 3:43
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

300002131133--4
-04/02/97--01046--010
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Amendment
4/15/97
De



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 7, 1997

DELROY THOMPSON
1850 N.E. 167TH ST. #4
N. MIAMI BEACH, FL 33162

SUBJECT: DEL-CARIBE ENTERPRISES, INC.
Ref. Number: P96000016566

We have received your document for DEL-CARIBE ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be signed by an incorporator if adopted by the incorporators or by a director if adopted by the directors.

Please indicate the title of each article being amended.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 097A00017219

RECEIVED
97 APR 14 AM 11:04
DIVISION OF CORPORATIONS

Dear Ms. Connell,
I am the incorporator of Del-Caribe Enterprises
Delroy Thompson
D Thompson

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

FILED
97 APR 14 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Del-Caribe Enterprises, Inc.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article II: 1850 NW 167 Street #4
Principal Office N. Miami Bch, FL 33162

Article III: The number shares should be changed
Shares From one to Fifteen hundred (1,500)

Article IV: Delroy A. Thompson
Initial Registered Agent and Street Address 1850 NE 167 St. #4
N. Miami Bch, FL 33162

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption:

3/1/97

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 1st day of March, 19 97.

Signature

D Thompson

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

D Thompson
Delroy A. Thompson

Typed or printed name

President and Incorporator

Title

P960000/6566

Welroy Thompson
1850 NE 167 St. #4
N Miami Bch, FL 33162

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

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Amendment
4/15/97
de



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 7, 1997

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OR

(By an incorporator if adopted by the incorporators)

D Thompson
Delroy A. Thompson

Typed or printed name

President and Incorporator

Title