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T.A.K. CARIBBEAN EXPORTERS & IMPORTERS INC.  
5975 West Sunrise Boulevard  
Suite 209 B  
Sunrise Professional Center  
Sunrise, Florida 33313

FILED  
97 FEB 26 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Secretary of State  
Corporation Division  
State of Florida  
Tallahassee, Florida 32304

000002098460--5  
-02/26/97--01058--002  
\*\*\*\*122.50 \*\*\*\*122.50

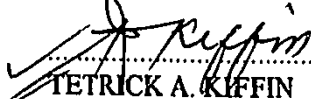
Re: T.A.K. CARIBBEAN EXPORTERS & IMPORTERS INC.

Subject: Registration of New Company

Enclosed herewith are the Articles of Incorporation, together with a copy of the said Articles of T.A.K. CARIBBEAN EXPORTERS & IMPORTERS INC. ...Attached is the check in the amount of (122.50) one hundred and twenty two dollars and fifty cents.

Also attached is the form S.S.4 indication our application for an Employee Identification Number which is pending.

Respectfully Submitted

  
TETRICK A. KIFFIN  
REGISTERED AGENT

FEBRUARY 12, 1997.

F. CHESLER MAR 4 1997

**ARTICLE OF INCORPORATION**

**FOR**

**T. A. K. CARIBBEAN EXPORTERS & IMPORTERS INC.**

FILED  
97 FEB 26 PM 3:43  
TALLAHASSEE, FLORIDA

THE UNDER SIGNED SUBSCRIBED TO THESE ARTICLES OF INCORPORATION, A NATURAL PERSON, COMPETENT TO CONTRACT, HEREBY FORMS A FLORIDA CORPORATION, UNDER THE LAWS OF THE STATE OF FLORIDA

**ARTICLE 1**

**NAME:** THE NAME OF THE CORPORATION SHALL BE **T.A. K. CARIBBEAN EXPORTERS & IMPORTERS INC.**

**ARTICLE 11**

**PURPOSES:** THE PURPOSES FOR WHICH THIS CORPORATION IS FORMED AND THE BUSINESS OBJECTIVES TO BE CARRIED OUT IS TO TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH A FLORIDA CORPORATION MAY DO BUSINESS UNDER CHAPTER #607 OF THE FLORIDA STATUTES. SPECIFICALLY, **T.A.K. CARIBBEAN EXPORTERS & IMPORTERS INC.** SHALL TRANSACT ANY AND ALL OF THE EXPORTERS AND IMPORTERS FUNCTION, BUT NOT LIMITED TO SUCH SERVICES.

**ARTICLE 111**

**CAPITAL STOCK:** THE MAXIMUM NUMBER OF SHARES THAT THIS CORPORATION IS TO HAVE OUTSTANDING AT ANY TIME IS FIVE HUNDRED (500) SHARES OF COMMON STOCK, HAVING A NOMINAL PAR VALUE OF (1.00) ONE DOLLAR PER SHARE. THE CONSIDERATION TO BE PAID FOR EACH SHARE OF STOCK SHALL BE FIXED BY THE BOARD OF DIRECTORS.

#### **ARTICLE 1V**

**TERM:** THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

#### **ARTICLE V**

**REGISTERED AGENT & REGISTERED OFFICE & MAILING ADDRESS OF THIS CORPORATION.**

THE REGISTERED AGENT OF THIS CORPORATION SHALL BE TETRICK A. KIFFIN AND THE REGISTERED OFFICE OF THE SAID CORPORATION SHALL BE LOCATED AT 5975 WEST SUNRISE BOULEVARD, SUNRISE PROFESSIONAL CENTER, SUITE #209 B, SUNRISE , FLORIDA 33313. OR ANY LOCATION THAT THE BOARD OF DIRECTORS MAY CHOOSE WITH THE APPROPRIATE NOTICE GIVEN TO THE SECRETARY OF STATE.

#### **ARTICLE VI**

**INCORPORATOR OF THIS CORPORATION.** THE INCORPORATOR OF THIS CORPORATION IS TETRICK A. KIFFIN

#### **ARTICLE VII**

**DIRECTORS:** THE CORPORATION SHALL NOT HAVE LESS THAN ONE DIRECTOR OR MORE THAN THREE DIRECTORS. THE FIRST BOARD OF DIRECTORS OF THIS CORPORATION WHO HAVE SUBJECTED THEMSELVES

TO THE ARTICLES OF INCORPORATION AND THE LAWS OF THE STATE OF  
FLORIDA ARE;

TETRICK A. KIFFIN  
3811 S.W. 69TH AVENUE  
MIRAMAR  
FLORIDA 33023

KEVIN KIFFIN  
3811 S.W. 69TH AVENUE  
MIRAMAR  
FLORIDA 33023

ANSWORTH KIFFIN  
3811 S.W. 69TH AVENUE  
MIRAMAR  
FLORIDA 33023

**ARTICLE VI**

**SPECIAL PROVISION :** THIS CORPORATION SHALL BE TREATED AS A "S"  
CORPORATION FOR INCOME TAX PURPOSES.

**ARTICLE IX**

**INDEMNIFICATION OF OFFICERS AND DIRECTORS:** EVERY OFFICER AND  
DIRECTOR OF THIS CORPORATION SHALL BE INDEMNIFIED BY  
VIRTUE OF THIS CORPORATION STATUS AS PERMITTED BY LAW, AGAINST  
ALL EXPENSES AND LIABILITIES THAT MAY OCCUR  
IN THE NORMAL BUSINESS TRANSACTION AS PERMITTED BY LAW.

**NOTARY AFFIDAVIT & CERTIFICATION**

THIS IS TO CERTIFY THAT BEFORE ME, THE UNDERSIGNED AUTHORITY,  
THIS DAY PERSONALLY  
APPEAR, TETRIEN KIFFIN KEVIN KIFFIN ✓

ANSWORTH KIFFIN

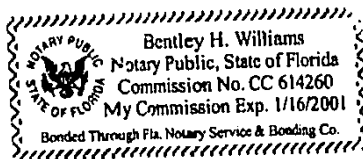
THE INDIVIDUAL DESCRIBED IN THE ARTICLES OF INCORPORATION AND  
WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION FOR THE  
SAID DESCRIBED CORPORATION 12<sup>th</sup> DAY FEBRUARY  
OF 1997

SIGNED Bentley H. Williams

NOTARY PUBLIC

STATE OF FLORIDA

DATE 02/12/97



**CERTIFICATION OF DESIGNATION**

**FOR**

**REGISTERED AGENT AND REGISTERED OFFICE**

THE NAME OF THE CORPORATION IS **T.A.K. CARIBBEAN EXPORTERS & IMPORTERS INC.** THE REGISTERED AGENT IS **TETRICK A. KIFFIN** . AND THE REGISTERED OFFICE OF THE AGENT AND CORPORATION IS LOCATED 5975 WEST SUNRISE BOULEVARD, SUITE #209 B , SUNRISE PROFESSIONAL CENTER, SUNRISE, FLORIDA 33313

PURSUANT TO THE PROVISIONS OF # 607.0501, FLORIDA STATUTES, THE CORPORATION DESCRIBED ABOVE, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOREGOING STATEMENT RELATIVE TO THE INCORPORATION OF **T.A.K. CARIBBEAN EXPORTERS & IMPORTERS INC.**

SIGNATURE..... *T. Kiffin*

**CORPORATE OFFICER / SECRETARY**

TITLE.....

DATE.....

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES AND PROCESS BUSINESS TRANSACTION 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 PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNED *T. Kiffin*  
TETRICK A KIFFIN

DATE *2/12/97*

EIN Pending #  
**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN  
OMB No. 1545-0003  
Expires 12-31-98

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>TETRICK A. KIFFIN</b>		
	2 Trade name of business, if different from name in line 1 <b>T.A.K. CUSTOM BROKERS USA INC.</b>		3 Executor, trustee, "care of" name <b>TETRICK A. KIFFIN</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>5975 WEST SUNRISE BOULEVARD</b>		5a Business address, if different from address in lines 4a and 4b <b>SUNRISE PROFESSIONAL CENTER</b>
	4b City, state, and ZIP code <b>SUITE 209 E, SUNRISE FL 33313</b>		5b City, state, and ZIP code <b>SUNRISE, FLORIDA 33313</b>
	6 County and state where principal business is located <b>BROWARD COUNTY, FLORIDA 33313</b>		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>TETRICK A. KIFFIN</b>		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> FEMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ <b>A FLORIDA CORPORATION FOR PROFIT</b> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization		
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State _____ Foreign country _____			
9 Reason for applying (Check only one box.) <input type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>FEBRUARY 11, 1997</b>		11 Enter closing month of accounting year. (See instructions.)	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." . . . . . ▶ Nonagricultural Agricultural Household			
14 Principal activity (See instructions.) ▶ <b>IMPORT / EXPORT - CUSTOM BROKERAGE</b>			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ _____ Trade name ▶ _____			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ <b>TETRICK A. KIFFIN</b>		Business telephone number (include area code) <b>1-954-792-5660</b> <b>1-954-966-1876</b>	
Signature ▶ <i>T. Kiffin</i>		Date ▶ <b>FEB. 11, 1997</b>	
Please leave blank ▶ No. Ind. Class Size Reason for applying			

Board of County Commissioners, Broward County, Florida  
Finance and Administrative Services Department  
**BROWARD COUNTY REVENUE COLLECTION DIVISION**  
Governmental Center Annex, 115 S. Andrews Avenue, Ft. Lauderdale, FL 33301

**OCCUPATIONAL LICENSE APPLICANT'S PRELIMINARY INFORMATION SHEET**

AN OCCUPATIONAL LICENSE IS NOT A GUARANTEE THAT YOUR BUSINESS IS OPERATING LEGALLY, YOU MUST ALSO CHECK FOR PROPER ZONING REQUIREMENTS. IF YOUR BUSINESS IS LOCATED IN A MUNICIPALITY CHECK WITH THAT MUNICIPALITY.

IF YOUR BUSINESS IS LOCATED IN THE UNINCORPORATED AREA OF THE COUNTY YOU MUST HAVE A VALID CERTIFICATE OF USE. CHECK WITH CODE AND ZONING ENFORCEMENT, GOVERNMENTAL CENTER ANNEX, 115 SOUTH ANDREWS AVENUE, 2ND FLOOR.

1. Date business opened FEBRUARY 11, 1997 or date business will open.
2. Is your business within the jurisdiction of a city in Broward County? ☒ Yes ☐ No  
If no, do you have a Certificate of Use? ☐ Yes ☐ No Copy must be presented.
3. Business Location 5975 WEST SUNRISE BLVD., SUNRISE, FL 33313, SUNRISE PROFESSIONAL

Street	City	Zip Code
Store _____	Suite no. <u>209 E</u>	
Office <u>X</u>	Bay no. _____	
Warehouse _____	Explain _____	
Home _____		
Other _____		

4. Business phone 1-954-792-5660 Home phone 1-954-966-1876
5. Name of business T.A.K. CUSTOM BROKERS USA, INC.  
Sole proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation X PA \_\_\_\_\_  
Name of owner, principal or officer TETRICK A. KIFFIN  
Social Security # or Federal ID. # 592-44-2028 Date of birth 8-15-47
6. Type of business IMPORT/EXPORT - CUSTOM BROKERAGE
7. Mailing address, if different from #3 5975 W SUNRISE BLVD, SUNRISE FL, 33313 ST 209 E
8. Number of employees (including owner and principals) TWO (2)
9. Contractors must present certificate of competency card or state certification card.
10. Have you been issued a notice of violation from an inspector?  
☐ Yes ☒ No If yes, date of violation \_\_\_\_\_
11. Have you had a Broward County Occupational License before?  
☐ Yes ☒ No If yes, type of business \_\_\_\_\_
12. Do you presently have other locations in Broward County?  
☐ Yes ☒ No Location(s) \_\_\_\_\_
13. Are there any coin-operated merchandise, service or amusement machines on the premises? ☐ Yes ☐ No  
How many \_\_\_\_\_ What type of machine: \_\_\_\_\_

Date FEBRUARY 11, 1997

Name of Applicant TETRICK A KIFFIN

Signature of Applicant *Tetrick A Kiffin*

Title PRESIDENT

FOR OFFICE USE ONLY

Validation \_\_\_\_\_ Account No. \_\_\_\_\_