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City/State	•	<u> </u>	Office Use O	only	
CORPORATION	NAME(S) & DOCU	MENT NUMBER	(S), (if known):		
1(Cor	poration Name)	(Documen	ī #)		
2(Cor	poration Name)	(Documen	t #)		
*3(Cor	poration Name)	(Documen	ıt #)		
5(Cor	rporation Name)	(Documen	u(#)		
□ Walk in	Pick up time	Г	Certified Copy		
		_	Certificate of Stat	us	
NEW FILINGS	AMENDME	NTS E	·		
Profit	Amendment]		
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Examiner's Initials 5/20/97

ARTICLES OF INCORPORATION OF

Caribbean Cable Corporation

(Name of Corporation) The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE 1: NAME The name of the corporation shall be: Caribbean Cable Corporation **ARTICLE 2: PRINCIPAL PLACE OF BUSINESS** The principal place of business of this corporation shall be (give street address and zip code): 8362 Pines Blvd., Suite 344, Pembroke Pines, FL 33024 **ARTICLE 3: SHARES** All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is:____500 ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE
The name of the initial registered agent is __Gerald McCrary whose registered office is located at the place of business stated in Article 2 above. ARTICLE 5: INCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: Gerald McCrary, 8362 Pines Blvd., Suite 344, Pembroke Pines FL. 33024 The undersigned incorporator has executed these Articles of Incorporation this 13 Day of May Signature Articles of Incorporation Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corp of Florida submits the following statement ir	poration organiz	zed under the lav e registered offi	ws of the ce/regist	State ered
agent, in the State of Florida. 1. The name of the corporation/professional				
2. The name and address of the registered as	gent and office i	3: ·		
Gerald McCrary				
Full name				
8362 Pines Blvd., Suit	e 344			•
Address (P.O. Box not acceptable)				
Pembroke Pines, FL 330	24			
City, State, and Zip				
PROCESS FOR THE ABOVE STATED COR IN THIS CERTIFICATE, I HEREBY ACCE AGENT AND AGREE TO ACT IN THIS CA WITH THE PROVISIONS OF ALL STATUT PLETE PERFORMANCE OF MY DUTIES, A THE OBLIGATIONS OF MY POSITION AS	IPT THE APPO APACITY. I FUI ES RELATING T AND I AM FAN	INTMENT AS RTHER AGREE TO THE PROPE IILIAR WITH A	REGISTI TO COM IR AND (ERED MPLY COM-
	Nelall	AME	2	
	SIGNATURE	OF REGISTERE	DAGEN	T
•	13 Ma	ay, 1997		
	DATE		- F	97
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