Department of State Division of Corporations PO Box 6327 Tallahasse, fl 32314

SUBJECT:

CAPT'N CARIBE SEAFOOD 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 CO	PY REQUIRED	

FROM:

NAME:	DAVID M. PICCIOLO
ADDRESS	2599 NW 37 AVE
CITY & STATE & ZIP CODE	MIAMI, FL 33142
DAYTIME TELEPHONE	(305) 633-2150

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



ARTICLES OF INCORPORATION

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:

CAPT'N CARIBE SEAFOOD INC.

ARTICLE 11 PRINCIPAL OFFICE

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

2599 NW 37 AVE. MIAMI, FL 33142

ARTICLE 111 SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

David M. PICCIOLO 2599 NW 37 AVE. MIAMI, FL 33142

98 DEC 31 AM 9: 07 SECRETARY OF STATE AND AMASSEE, FLORIDA

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles of Incorporation are

David M. PICCIOLO 2599 NW 37 AVE. MIAMI, FL 33142

Signature / Incorporator

12 /29 / 98 Date

(An additional article must be added if an effective date is requested.)

Having been named as register 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.

SIGNATURE REGISTERED AGENT

12 | 29 | 98 DATE