

TRANSMITTAL LETTER

P99000042567

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

400002798064--4  
-03/08/99--01121--015  
\*\*\*\*131.25 \*\*\*\*\*87.50

Caribbean Tropic Inc.

SUBJECT: TROPICAL HEAVEN 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

Please return the photocopy to me with the filing date stamped on it.

FROM:

OMINA ORTIZ

Name (printed or typed)

2790 MICHIGAN AVENUE UNIT #308

Address

KISSIMMEE FLORIDA 34744

City, State & Zip

(407) 518-1114

Daytime Telephone Number

SP 5/11

W99-6066

FILED  
99 MAY 10 AM 9:13  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 12, 1999

OMINA ORTIZ  
2790 MICHIGAN AVE., UNIT 308  
KISSIMMEE, FL 34744

SUBJECT: ~~TROPICAL HEAVEN, INC.~~ - *Caribbean Tropic INC.*  
Ref. Number: W99000006066

We have received your document for TROPICAL HEAVEN, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6924.

Sharon Davis  
Document Specialist Supervisor

Letter Number: 399A00011951

## Articles of Incorporation

1. The name of the corporation shall be Caribbean Tropic INC
2. The principal place of business and mailing address of the corporation is:  
2790 MICHIGAN AVENUE UNIT #308  
KISSIMMEE FLORIDA 34744.
3. The corporation shall have the authority to issue \_\_\_\_\_ shares of stock.
4. The registered agent of the corporation is OMINA ORTIZ and the registered street address is 2790 MICHIGAN AVENUE STE 308 KISSIMMEE Florida 34744.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: OMINA ORTIZ

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is OMINA ORTIZ whose street address is 1772 QUAIL RIDGE LOOP KISSIMMEE FLORIDA 34744

Dated 03-04-99

Omima Ortiz  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 03-04-99

Omima Ortiz  
Registered Agent

**FILED**  
99 MAY 10 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA