# P999911434

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

SUBJECT:		Innovations, Incorate name - must include suff				
		50			010680	
Enclosed is an original	and one(1) copy of the articl	es of incorporation and a cl	neck for :			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	S131 Filing F Certifie & Certi	ee, d Copy		
	ADDITIONAL COPY REQU			RED		
FROM: _	James F. Pheney Name (1	Printed or typed)	·		<b>a</b>	ŗ· -
	5058 Oak Run Dri	veAddress				
-	Sarasota, FL. 34243					-
-	(941) 360-0077	, State & Zip		SECRETARY OF ST TALLAHASSEE, FLO	FILED 99 JUL -2 PM 2:	 

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 I NAME

The name of the corporation shall be:

Caribbean Decor Innovations, Inc.



## ARTICLE II PRINCIPAL OFFICE

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

5058 Oak Run Drive Sarasota, Florida 34243

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

100,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

James F. Pheney 5058 Oak Run Drive Sarasota, Florida 34243

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

James F. Pheney 5058 Oak Run Drive Sarasota, Florida 34243

Signature/Incorporator

Date

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

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).

Signature/Registered Agent

Date