

211000015419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

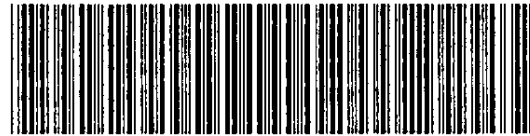
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 15 2011

COVER LETTER

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

SUBJECT: CouponZoogle, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Raymond Klingenberg

Name (Printed or typed)

5005 Collins Ave. Suite 414

Address

Miami Beach, FL 33140

City, State & Zip

786-216-7735

Daytime Telephone number

polo.ray@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CouponZoogole, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5005 Collins Ave.
Suite 414
Miami Beach FL 33140

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Promote "daily deal" coupons

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Raymond Klingenberg Pres.**
Address: **5005 Collins Ave.**
Suite 414
Miami Beach FL 33140

Name and Title: **Mariya Klingenberg sec/treas**
Address: **5005 Collins Ave.**
Suite 414
Miami Beach FL 33140

Name and Title: **Paul Filipovich Vice Pres.**
Address: **2102 Renaissance Way**
BOYNTON BEACH FL
33426

Name and Title: _____
Address: _____

Name and Title: **Stanislav Feoktistov Director**
Address: **5005 Collins Ave.**
Suite 414
Miami Beach, FL 33140

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Bernard Schlossberg**
Address: **9900 Sample Road #318**
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Raymond Klingenberg**
Address: **5005 Collins Ave #414**
Miami Beach, FL 33140

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bernard Schlossberg

Required Signature/Registered Agent

Feb. 09, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]

Required Signature/Incorporator

Feb. 09, 2011

Date