APR/03/2014/THU 12:0 PM FAX No. P

4/3/2014 Division of Corporation

P14000030398

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000079847 3)))

H14000079847ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
14 APR -3 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

KOKOA INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

RECEIVED
14 APR -3 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: KOKOA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
20281 E COUNTRY CLUB DR # 1408
AVENTURA, FL 33180

Mailing address, if different is:
20281 E COUNTRY CLUB DR # 1408
AVENTURA, FL 33180

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SALE OF FOOD

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRIDA SZKOLNIK, PRESIDENT (50%)
Address: 20281 E COUNTRY CLUB DR # 1408
AVENTURA, FL 33180

Name and Title:
Address:

Name and Title: MONICA FRIEDMAN, PRESIDENT (50%)
Address: 20281 E COUNTRY CLUB DR # 1408
AVENTURA, FL 33180

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

FILED
14 APR -3 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: GLINSKY CPA GROUP PA

Address: 100 N. BISCAYNE BLVD # 2800

MIAMI, FL 33132

FILED
14 APR -3 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: FRIDA SZKOLNIK

Address: 20281 E COUNTRY CLUB DR # 1408

AVENTURA, FL 33180

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

_____ APRIL 01ST, 2014

Required Signature/Registered Agent 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.

_____ APRIL 01ST, 2014

Required Signature/Incorporator Date