

TRANSMITTAL LETTER
P98000055022

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

SUBJECT: COCOGROW PRODUCTS INCORPORATED
(Proposed corporate name - must include suffix)

100002564371--8
-06/18/98--01065--009
****131.25 - ****131.25

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 COPY REQUIRED

FROM: CARLOS E ROSAL

Name (Printed or typed)

14524 S.W. 97 Street

Address

Miami, Florida 33186

City, State & Zip

305-386-1762

Daytime Telephone number

FILED
98 JUN 18 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6-19-98

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: COCOGROW PRODUCTS INC.

ARTICLE II PRINCIPAL OFFICE

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

14524 S.W. 97 Street, Miami, Florida 33186

ARTICLE III SHARES

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

20

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CARLOS E ROSAL
14524 S.W. 97 Street
Miami, Florida 33186

ARTICLE V INCORPORATOR

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

CARLOS E ROSAL
14524 S.W. 97 Street
Miami, Florida 33186



Signature/Incorporator

6/15/98

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

6/15/98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA