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Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2017

CLAIRE CHARDON 106 LAGRANGE WAY JUPITER, FL 33458

SUBJECT: COCLI LTD

Ref. Number: W17000081869

We have received your document for COCLI LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 717A00020751

www.sunbiz.org

COVER LETTER

| TO: | Registration Section Division of Corporations |
|---------|---|
| SUBJ | ECT: COELT LTD |
| 000 | Name of corporation - must include suffix |
| Dear S | Sir or Madam: |
| "Certif | nclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida. |
| Please | return all correspondence concerning this matter to the following: |
| | CINIRE CHAIZ DEN Name of Person |
| | Name of Person |
| | Cocket, LTD |
| | Firm/Company 1 |
| | 106 LAGRANGE WAY |
| | Address |
| | SUPPERER, FL 33458 |
| | City/State and Zip code |
| | https://coch-collection.com |
| | E-mail address: (to be used for future annual report notification) |
| For fur | rther information concerning this matter, please call; |
| CI | LAIRE CHARDON at (315) 632-8573 |
| | Name of Person at (315) 632 - 8573 Name of Person Area Code Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 X MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclose | ed is a check for the following amount: |
| □ \$70 | 0.00 Filing Fee |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| (Enter name of or | COPLI, LTD, COR proporation; must include "INCORPORATED. | PORATION | 1.5 |
|--|---|---|---|
| "Inc.," "Co.," "Co | orp." "Inc." "Co." or "Corp.") | COMPANT, CORPORATION | ١. |
| | | | |
| (1.0 | | | _ |
| | ble in Florida, enter alternate corporate name | | |
| NEW OF COUNTY | y under the law of which it is incorporated) | 47-2931360 | |
| | | | |
| O I | of incorporation) 5. | (Date of disputer if when | 1 |
| (1)ate | or incorporation) | (Date of duration, it other | than perpetual) |
| | (Date first transacted business i | n Florida, if prior to registration) | |
| | (SEE SECTIONS 607,1501 & 607.1 | 502, F.S., to determine penalty liabili | ty) |
| | 106 LABRANGE WAY: = | SUPITER, FL 33455 | 1 |
| | 106 LABRANGE WAY . = (Princip | pal office address) | |
| | | | |
| | (Current maili | ng address, if different) | 3.6 |
| | | | 72 |
| Name and stree | t address of Florida registered agent: (P.0 | O. Box <u>NOT</u> acceptable) | . E |
| Name: | CLAIRE CHARDON | | |
| ffice Address: | | | œ |
| nee Address. | 106 LAGRANGE WAY TIEPI (EN (City) | | 1 9 |
| | TIEPI (EN | . Florida <u>33488</u> | |
| | (City) | (Zip code) | |
| | | | |
| | nt's acceptance: | | |
| wing been name | ed as registered agent and to accept servi | ice of process for the above state | d corporation at the |
| wing been name signated in this other agree to co | ed as registered agent and to accept serve application, I hereby accept the appoints comply with the provisions of all statutes i | ment as registered agent and agr relative to the proper and comple | ee to act in this capa te performance of m |
| aving been name signated in this rther agree to co | ed as registered agent and to accept serv application, I hereby accept the appoint | ment as registered agent and agr relative to the proper and comple | ee to act in this capa te performance of m |
| aving been name signated in this rther agree to co | ed as registered agent and to accept serve application, I hereby accept the appoints comply with the provisions of all statutes i | ment as registered agent and agr relative to the proper and comple | ee to act in this capa te performance of m |
| wing been name signated in this other agree to co | ed as registered agent and to accept serve application, I hereby accept the appoints comply with the provisions of all statutes i | ment as registered agent and agr relative to the proper and comple | ee to act in this capa te performance of m |

under the law of which it is incorporated.

| 11. Names and busi | iness addresses of officers and/or directors: | 1 |
|--------------------|--|--|
| A. DIRECTORS | | |
| Chairman: C | CAIRE CHARDON | |
| Address:lo | OF TYCHAMER ATTA | |
| | UPITAR, FL 33455 | |
| | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | 1 |
| Director: | | 1 |
| · · · · · · | | |
| | | i |
| B. OFFICERS | | |
| President: C | LLIVER CHARDON : 35 | <u>:</u> |
| | OU TAGRANOM WIN | |
| | Juri (1412, FL 33455 | |
| Vice President: | <u>.</u> | |
| | 9: 4 . | |
| . rouress. | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Secretary | | † |
| | | |
| | | |
| | | <u>. </u> |
| | y, you may attach an addendum to the application listing additional officers and/or director | |
| 12 — | 1 , 2 | ار ا |
| 70 co | Signature of Director or Officer | <u> </u> |
| | tor signing this document (and who is listed in number 11 above) affirms that the facts sta or she is aware that false information submitted in a document to the Department of State | |
| | y as provided for in s.817.155, F.S. | 1 |
| <u> </u> | (Typed or printed name and capacity of person signing application) | <u> </u> |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of COCLI LTD. was filed on 01/28/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of October two

thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State