

F19000002758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Georgia requested that
I add the ", Inc." to the
alternate name
6-14-19 @ 10:45

Office Use Only



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FILED
19 JUN 14 PM 4:53
STATE INQUIRY BUREAU
TALLAHASSEE, FLORIDA

B KINSEY
JUN 14 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2019

JOOST DEKOOMEN
110 S. QUEEN ST
YORK, PA 17403

SUBJECT: KOCOTEK
Ref. Number: W19000050597

We have received your document for KOCOTEK and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please assign the alternate name a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00010588

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koco, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joost DeKoomen

Name of Person

Koco, Inc.

Firm/Company

110 S. Queen Street

Address

York, PA 17403

City/State and Zip code

jdekoomen@koco-usa.com

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

For further information concerning this matter, please call:

Brandon Romagnano

Name of Person

at (410) 661-5537

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Koco, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Kocotek, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-2099014
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/17/1979 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 110 S. Queen Street York, PA 17403
(Principal office address)

110 S. Queen Street York, PA 17403
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

19 JUN 14 PM 4:53
SUGGESTION
FALL APPOINTMENT FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Janice Null Janice Null on behalf of InCorp Services, Inc.
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joost DeKoomen

Address: 110 S. Queen Street

York, PA 17403

Vice President: Jochem Dekker

Address: 110 S. Queen Street

York, PA 17403

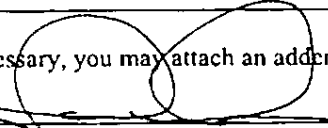
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Joost DeKoomen President

(Typed or printed name and capacity of person signing application)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 06/19/19 BY 60322 UCBAW/STP/STP

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/09/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KOCO, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Katly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190409090391-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>