

NO 48888010070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 OCT 25 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: COXCATLAN CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LETICIA G. LARRAGA
Name (Printed or typed)

7533 PHEASANT PATH DR.
Address

JACKSONVILLE, FL 32244
City, State & Zip

(904) 868-1407
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

COXCATLAN CORP.

ARTICLE II PRINCIPAL OFFICE

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

7533 PHEASANT PATH DR.
JAX, FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SOCIAL GATHERING

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By the President

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

LETICIA G. LARRAGA
7533 PHEASANT PATH DR.
JAX, FL 32244

PRESIDENT

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

LETICIA GUADALUPE LARRAGA
7533 PHEASANT PATH DR.
JAX, FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LETICIA G. LARRAGA
7533 PHEASANT PATH DR.
JAX, FL 32244

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.

[Signature]
Signature/Registered Agent

10-25-04
Date

[Signature]
Signature/Incorporator

10-25-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA