N1300009494

(Re	equestor's Name)	
(Ac	tdress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/18/13--01029--004 **78.75





COVER LETTER

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

SUBJECT: LoLo's Cocoa Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one	e (1)	copy of the Arti	icles of Incorp	oration 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: Nicole Angelakos

Name (Printed or typed)

8200 NW 37 Street

Address

Coral Springs, FL 33065

City, State & Zip

954-752-3179

Daytime Telephone number

peter64@bellsouth.net

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

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

	in compnance with	Chapter of 7, r.	S., (Not lot Floin)	Dr. Sta.	
ARTICLE I The name of the	NAME LOLO'S Co	coa Corp	oration	13 OCT 18	A VOICE
ARTICLE II	PRINCIPAL OFFICE			13007/8	Pro CAR
820	Principal <u>street</u> address: 00 NW 37 Street		Mailing address, if differ		~ 2: 0s
<u>C</u>	oral Springs, FL 3306	5			
	or which the corporation is organized is:		or charitable and edu		
No part of th	e net earnings of the corporation shall in	cure to benefit	of, or distributable to it mem	bers, director	rs, trustees
Officers, or	other private persons, except that the c	orporation shal	l be authorized and empow	ered to pay	reasonable
compensation	n for services rendered and to make payment	s and distribution	s in furtherance of the purposes	s set forth in th	ne Statemen
of Purpose h	nereof. The property, assets, profits and	net income of t	his corporation is irrevocably	/ dedicated to	o charitable
and educa	ational purposes, no part of whic	h shall ever	incure to benefit of an	y private ir	ndividual
The tern	n of office and directors and	officers sh		nted:	
Name and Titl	Nicole Angelakos / Oirect	Name and Title	Panagiotis Angel	akos / a	ourador
Address	8200 NW 37 Street	Address:	8200 NW 37 S	treet	
	Coral Springs, FL 33065		Coral Springs, FL 3	33065	
Name and Titl	Lorraine Angelakos	Divector Name and Title			
Address	8200 NW 37 Street	Address:			
	Coral Springs, FL 33065				
Name and Titl	le:	Name and Title	:		
Address		Address:			

Name and Title:_	Name and Title	e:
Address	Address:	
Name and Title:_	Name and Titl	9:
Address	Address:	
_		
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the reg	sistemed agent in
	Nicole Angelakos	istered agent is.
Name: Address:	8200 NW 37 Street	
Audiess.	Coral Springs, FL 33065	
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	
Name:	Nicole Angelakos	
Address:	8200 NW 37 Street	
	Coral Springs, FL 33065	
manual Country Towns A	"tiltil	he above stated corporation at the place designated in this nt and agree to act in this capacity
/	Vieau Areclakor	10.1.13
	Required Signature of Registered Agent	Date
I submit this docu	iment and affirm that the facts stated herein are true. I are t of State constitutes a third devree felony as provided for	n aware that any false information submitted in a document
	Ica Angelska_ Required Signature of Incorporator	10.1.13
	Required Signature of Incorporator	Date