

N22000010092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

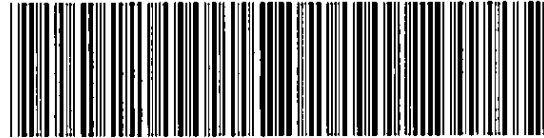
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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S: CHATHAM  
SEP - 6 2022

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RECEIVED  
SEP 2 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP - 2 PM 3:45

## COVER LETTER

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

SUBJECT: VILLAS AT COCO CONDOMINIUM ASSOCIATION, INC.

(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: BRUCE KARRICK  
Name (Printed or typed)

9100 S. DADELAND BLVD #1702  
Address

MIAMI, FL. 33156  
City, State & Zip

(305) 670-8880  
Daytime Telephone number

BRICK@KARRICKLAW.COM  
E-mail address: (to be used for future annual report notification)

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

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 9/2 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

**CUS**

**XX FILING**

**INC**

- 1. VILLAS AT COCO CONDOMINIUM, INC.  
(CORPORATE NAME AND DOCUMENT #)
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Villas at Coco Condominium Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
636 SABAL PALM RD.

MIAMI, FL 33137

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to operate and maintain a two unit condominium property located at 2320 and

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: in accordance with th

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: VITTORIO PRINETTO President

Name and Title: \_\_\_\_\_

Address 636 SABAL PALM RD.

Address: \_\_\_\_\_

MIAMI, FL 33137

Name and Title: RODOLFO PRINETTO, Vice President

Name and Title: \_\_\_\_\_

Address 636 SABAL PALM RD.

Address: \_\_\_\_\_

MIAMI, FL. 33137

Name and Title: RAFAEL SANTANA, SEC/TR

Name and Title: \_\_\_\_\_

Address 2775 NE 187 ST.

Address: \_\_\_\_\_

Unit 605

AVENTURA, FL. 33180

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP - 2 PM 3:45

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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DIVISION OF CORPORATIONS  
22 SEP -2 PM 3:45

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VITTORIO PRINETTO

Address: 636 SABAL PALM RD.

MIAMI, FL. 33137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRUCE ARRICK, ESQ.

Address: 9100 S. DADELAND BLVD., SUITE 1702

MIAMI, FL. 33156

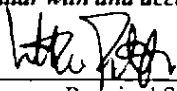
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: SEPTEMBER 1, 2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

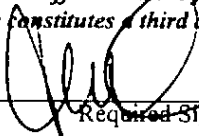
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

8/30/22  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*



Required Signature of Incorporator

8/31/22  
Date