Division of Corporations
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To:

Division of Corporations

Fax Number : (

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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0836

Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A. COCOCASH CORP.

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## ARTICLES OF INCORPORATION

OF.

COCOCASH CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

**ARTICLE I NAME** 

The name of the corporation shall be: cococase corp.

The principal place of business of this corporation shall be: 8735 NW 151 Terr, Miami Lakes, Fl 33018.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 shares @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

BRISMEL MARQUEZ 8735 NW 151 Terr Miami Lakes, F1 33018.

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

BRISMEL MARQUEZ 8735 NW 151 Terr Miami Lakes, Fl 33018.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 4th day of June 2002.

Signature(s) of theorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

t. The name of the corpo	oration:	s	DRISION - N
2. The name and address office is:	of the registere	ed agent and	<del>-</del>
BRISMEL MARQUEZ	8735 NW 151 Te	rr	7
(P.O. BO)	NOT ACCEPTABLE	).	
	Miami Lakes	, Fl 33018.	
(CI	TY/STATE/ZIP)		
• •	SIGNATURE	B family	<u> </u>
	TITLE		······································
	DATE 6-4	-02	
HAVING BEEN NAMED TO ACABOVE STATED CORPORATION CERTIFICATE, I HEREBY AGRE FURTHER AGREE TO COMPLY VELATIVE TO THE PROPER AND LACCEPT THE DECT. 1325, FLORIDA STATUTES.	F TO ACT IN THI	DESIGNATED IN S CAPACITY, A ONS OF ALL STA	N THIS
•			4
	DATE 6-4	<del>1</del> ~02	