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COVER LETTER

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

SUBJECT: CouponZoogle, Inc.	TE NAME – MUST INCLUDE SUFFIX)					
(I KOI OSED COKI OKA	TENAME - MOST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status					
	ADDITIONAL COPY REQUIRED					
FROM: Raymond Klingenberg Name	(Printed or typed)					
5005 Collins Ave. Su	ite 414					
A	Address					
Miami Beach, FL 331	State & Zin					
786-216-7735 Daytime Te	elephone number					
polo.ray@gmail.com E-mail address: (to be used	for future annual report notification)					

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME			
The name of the co	rporation shall be: Coupon	Zoogl	le. In	C.
ARTICLE II	PRINCIPAL OFFICE		,	•
	Principal street address	Mail	ling address, if diffe	erent is:
5	005 Collins Ave.			
	uite 414	•••		
N	liami Beach FL 33140			
ARTICLE III	PURPOSE			
	hich the corporation is organized is:			
D	4- 11-1-11-4-	-111		
Pron	note "daily de	ar co	MOOI	1S
	ioto dany do		MPO.	
ARTICLE IV	SHARES			
The number of share	res of stock is: 1000			
		_		
	INITIAL OFFICERS AND/OR DIRECTORS		aniva Klimaa.	-b/t
Name and 13 Address:	tle:Raymond Klingenberg Pres. 5005 Collins Ave.	Name and Title:[V]	ariya Kiinger 05 Collins A	iberg sec/ireas
Address:	Suite 414		ite 414	<u>ve</u>
	Miami Beach FL 33140		ami Beach f	1 22440
Name and Ti	tle:Paul Filipovich Vice Pres. 2102 Renaissance Way BOYNTON BEACH FL	Name and Title:		
Address:	2102 Renaissance Way	Address:		····-
	BOYNTON BEACH FL			
	33426			
Name and Ti	tle:Stanislav Feoktistov Director	Name and Title:		
Address:	5005 Collins Ave.	Address:		
7 1442 000.	Suite 414			
	Miami Beach, FL 33140			
	·			
	REGISTERED AGENT			. 2
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	: <u>-</u> -{	~
Name:	Bernard Schlossberg		2 7	
Address:	9900 Sample Road #318 Coral Springs, FL 33065		A	, CO
	Coral Springs, FL 33065		SE	
ARTICLE VII	INCORPORATOR		ته سآ	· V
	Iress of the Incorporator is:			3 17
Name:	Raymond Klingenberg		(30) mil	= 0
Address:	5005 Collins Ave #414		âŝ	: 5
	5005 Collins Ave. #414 Miami Beach, FL 33140			co co
77 1 . 1				
	ed as registered agent to accept service of process			
inis cerujicuie, 1 ui	n familiar with and accept the appointment as regis	nereu ugeni una ugre	e io uci in inis cupi	исиу
Range	1=1/2		Ech (09, 2011
Bullo	Required Signature/Registered Agent		reb. (
	required Signature/Registered Agent			Date
I submit this docu	ment and affirm that the facts stated herein are i	true. I am aware tha	t the false inform	ation submitted in a
	epartment of State constitutes a third degree felony			
`/		-		
			Feb.	09, 2011
	Required Signature/Incorporator		* <u>******</u>	Date