

P11000095383

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/3

COVER LETTER

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

SUBJECT: COQUI'S TOYS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: COQUI'S TOYS INC./ MYRNA RODRIGUEZ

Name (Printed or typed)

13988 SW 139 CT

Address

MIAMI FL 33186

City, State & Zip

786-546-2016

Daytime Telephone number

MIRNA1108@YAHOO.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 COQUI'S TOYS INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
MYRNA RODRIGUEZ
13988 SW 139 CT
MIAMI FL 33186

Mailing address, if different is:

13988 SW 139 CT
MIAMI FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
INTERNET SALES

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MYRNA RODRIGUEZ PRESIDENT	Name and Title: _____
Address: _____	Address: _____
13988 SW 139 CT	_____
MIAMI FL 33186	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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


Name: MYRNA RODRIGUEZ
Address: 13988 SW 139 CT
MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

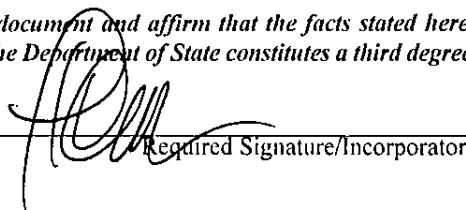
Name: PAUL PERRIN
Address: 8250 WEST FLAGLER ST #116
MIAMI FL 33144

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/Registered Agent

10-27-11
Date

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

10/27/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA