

P12000005261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300217372643

01/13/12--01006--023 \*\*78.75

FILED

12 JAN 13 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Burch JAN 17 2012

## COVER LETTER

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

**SUBJECT: Coda Cosmetics 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: **Craig Fass**

Name (Printed or typed)

**101 plaza real south apt 602**

Address

**boca raton fl 33432**

City, State & Zip

**908-216-5447**

Daytime Telephone number

**craigfass13@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**

Coda Cosmetics Inc.  
The name of the corporation shall be:

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address  
101 Plaza Real South  
suite 602  
Boca Raton, FL 33432

Mailing address, if different is:

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is:  
Cosmetics sales and distribution

**ARTICLE IV. SHARES**

The number of shares of stock is: 100

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

Name and Title: Craig Fass Chairman  
Address: 101 Plaza Real South  
suite 602  
boca raton, fl 33432

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

Name and Title: JoAnn Fass CEO  
Address: 101 plaza real south  
suite 602  
boca raton fl. 33432

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

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

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

**ARTICLE VI. REGISTERED AGENT**

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

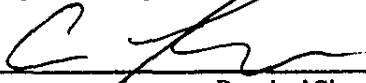
Name: Craig Fass  
Address: 101 plaza real south suite 602  
boca raton, fl 33432

**ARTICLE VII. INCORPORATOR**

The name and address of the Incorporator is:

Name: JoAnn Fass  
Address: 101 Plaza Real South suite 602  
Boca Raton, FL 33432

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

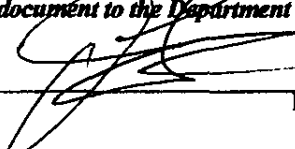


Required Signature/Registered Agent

1/1/2012

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

1/1/2012

Date