

P13000062435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

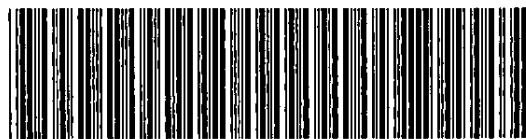
(Business Entity Name)

(Document Number)

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

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07/05/13--01019--006 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
7/29/13

## COVER LETTER

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

**SUBJECT:** Koko Crema Corporation  
**(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Olive Gaye  
Name (Printed or typed)  
1853 Westpointe Circle  
Address  
Orlando, Florida 32835  
City, State & Zip  
407.325.8448  
Daytime Telephone number  
Olivegay@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2013

OLIVE GAYE  
1853 WESTPOINTE CIRCLE  
ORLANDO, FL 32835

SUBJECT: KOKO KREMA CORPORATION  
Ref. Number: W13000039048

We have received your document for KOKO KREMA CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00016899

RECEIVED

13 JUL 24 PM 3:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I    NAME**       Koko Crema Corporation

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1198 Wakulla Way

Orlando

Florida, 32839

**ARTICLE III    PURPOSE**

Manufacturing and sale of goods and services.

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV    SHARES**    10,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title:    Allan Heron, President

Address       1198 Wakulla Way

Orlando

Florida 32839

Name and Title:    Jerome Rowe, Vice President

Address       1600 Regal Cove Ct.

Kissimmee

Florida, 34744

Name and Title:    Olive Gaye, Sr. Director

Address:       1853 Westpointe Circle

Orlando

Florida 32835

Name and Title:    Dennis Gaye, Sr. Director

Address:       1853 Westpointe Circle

Orlando

FL 32835

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

Address \_\_\_\_\_

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**  
**13 JUL 24 AM 11: 23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

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

Name: Allan Heron  
Address: 1198 Wakulla Way  
Orlando, FL 32839

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Olive Gaye  
Address: 1853 Westpointe Circle  
Orlando, FL 32835

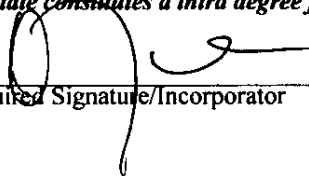
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

7/19/2013  
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

7/19/2013  
Date