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01/10/2014 12:28 #2 P. 01/0

Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
COCO TOWNSEND DESIGNS INC.

Certificate of Status	0
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From:

01/10/2014 12:28

#244 P.002/003

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

ARTICLE I NAME

The name of the corporation shall be: COCO TOWNSEND DESIGNS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

799 PEACHTREE LANE
FRANKLIN LAKES, NJ 07417

Mailing address, if different is:

799 PEACHTREE LANE
FRANKLIN LAKES, NJ 07417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARGARET RAPHAEL/DIRECTOR

Name and Title: _____

Address: 799 PEACHTREE LANE
FRANKLIN LAKES, NJ 07417

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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(cont.)

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: MARGARET RAPHAEL
 Address: 1717 SOUTH OCEAN BLVD SUITE #3
LAUDERDALE BY THE SEA, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARGARET RAPHAEL
 Address: 1717 SOUTH OCEAN BLVD SUITE #3
LAUDERDALE BY THE SEA, FL 33062

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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

(X)

Required Signature/Registered Agent

1/10/2014

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.

(Y)

Required Signature/Incorporator

1/10/2014

Date