

P140000002820

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

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000007661 3)))



H140000076613ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 10 PM 1:15

****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
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
12:22 PM
JAN 10
STATE

Electronic Filing Menu

Corporate Filing Menu

Help

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

Address: 799 PEACHTREE LANE
FRANKLIN LAKES, NJ 07417

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 10 PM 1:15

From:

01/10/2014 12:28

#244 P.003/003

(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

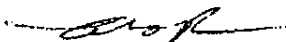
The name and address of the incorporator is:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 10 PM 1:15

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