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(Reque	stor's Name)	
(Addres	ss)	
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•	•	
(City/S)	ate/Zip/Phone #	<u></u>
(Oity/Oi	acc/2ip/i none /	")
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Docum	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filir	ng Officer:	





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SECRETÁRY OF STATE DIVISION DE CORPORATIONS

~ 09/27/16

COVER LETTER

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

SUBJECT: Coconut	Properties Florida Referrat Group,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	DPY REQUIRED
FROM: Par	nela Durkin Nam	e (Printed or typed)	
35.5	S Atlantic Ave		
		Address	
Coo	coa Beach, FL 32931		
	City	, State & Zip	
321	-431-4135		
	Daytime	Telephone number	
pam	eladurkin@gmail.com		
	E-mail address: (to be use	ed 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)

35 S Atantic Ave, Co	Principal street address coa Beach FL 32931	Mailing addres	ss, if different is:
ARTICLE III PUR. The purpose for which	POSE The corporation is organized is:	Estate Agents who are licensed in	the state of Florida to
hang their license wit	h this company. This way they will not be	required to join the Florida Associ	ation of Realtors, the
Space Coast Associat	ion of Realtors, they will not be able to sho	ow property, they will not be able to	o use the Multiple Listing
service. They will ha	ng their real estate license with Coconut P	roperties Florida Referral Group, In	nc. and they will be
able to refer customer	rs to Coconut Properties Florida Real Estat	e, Inc. and receive a referral payme	ent and be compensated
for the referral.			-
ARTICLE IV SHA The number of shares ARTICLE V INIT Name and Ti Address	Of stock is: job VIAL OFFICERS AND/OR DIRECTORS Popula G. Durkin President	Name and Title: Address:	SECRETARY OF STATE IVISION OF CORPORATIONS 16 SEP 26 PH 12: 08
Name and Tit Address	le:		

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	Pamela G. Durkin, President		· · · · · · · · · · · · · · · · · · ·
Address:	35 S Atlantic Ave		s
	Cocoa Beach, FL 32931		SEP
			FIL OF C 26
ARTICLE VII	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		- STV - ORV
Name:	Pamela G. Durkin, President		ED OF STATE ORPORATION PM 12: 08
Address:	35 S Atlantic Ave		Ś
	Cocoa Beach, FL 32931		
			
	EFFECTIVE DATE:		
	if other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL	.) es davs prior or 90 husiness
days after the		annot be more man investigation	.ss days prior or 20 business
Note: If the da	te inserted in this block does not meet the appli	cable statutory filing requirement	s, this date will not be listed as
the document's	effective date on the Department of State's rec	ords.	
Having been ni	amed as registered agent to accept service of p.	rocess for the above stated corpo	ration at the place designated in
this certificate,	I am familiar with and accept the appointment	as registered agent and agree to t	act in this capacity
+	temela Darkin		9/22/16
	Required Signature/Registered Agen	ıt	Date .
I submit this de	ocument and affirm that the facts stated herei	n are true. I am aware that the j	false information submitted in a
accument to the	e Department of State constitutes a third degree	felony as provided for in s.817.1.	55, F.S.
- ta	wela Julku- uired Signature/Incorporator		4/22/16
Req	unco oignature/meorporator		/ Date