

P160000084477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

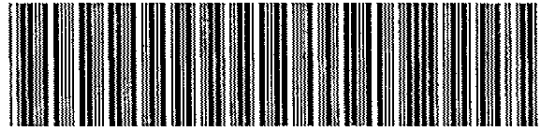
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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: COCONIFTY COMPANY

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ALVIN VELASCO

Contact Person

COCONIFTY COMPANY

Firm/Company

749 NE 95th STREET

Address

MIAMI SHORES, FL 33138

City, State and Zip Code

alvinvelasco@coconifty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVIN VELASCO

at (786) 5565059

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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: COCONIFTY COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
749 NE 95th STREET, MIAMI SHORES, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR ANY AND ALL LAWFUL BUSINESS

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CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVIN VELASCO

Name and Title: _____

Address: 749 NE 95th STREET,
MIAMI SHORES, FL 33138

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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:

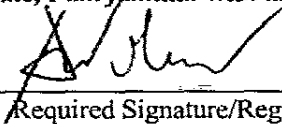
Name: ALVIN VELASCO
Address: 749 NE 95th STREET,
MIAMI SHORES, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALVIN VELASCO
Address: 749 NE 95th STREET
MIAMI SHORES, FL 33138

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

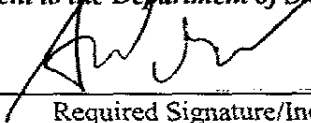


Required Signature/Registered Agent

OCTOBER 7, 2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

OCTOBER 7, 2016

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA