

Florida Department of State  
Division of Corporations  
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RECEIVED  
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 CORPORATION  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
COQUIVACOA SHRIMP COMPANY**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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JUL 16 2018

K. Brumbley

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

**ARTICLE I NAME** COQUIVACOA SHRIMP COMPANY

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

**ARTICLE II PRINCIPAL OFFICE**Principal street address

10889 NW 17th STREET

SUITE 149

MIAMI, FL 33172

Mailing address, if different is:

10889 NW 17th STREET

SUITE 149

MIAMI, FL 33172

**ARTICLE III PURPOSE**

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

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** SHARES: 100

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

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

Name and Title: Adrian Arturo Villalobos Pineda P/S/D

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

Address 10889 NW 17th STREET

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

SUITE #149

MIAMI, FL 33172

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Adrian Arturo Villalobos Pineda  
Address: 10889 NW 17th STREET STE: 149  
MIAMI, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Adrian Arturo Villalobos Pineda  
Address: 10889 NW 17th STREET STE: 149  
MIAMI, FL 33172

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

July 10, 2018

\_\_\_\_\_  
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

July 10, 2018

\_\_\_\_\_  
Date