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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
COQUETA CO.**

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: COQUETA CO.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8205 NW 116 AVE. DORAL, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ISABELLA VICTORIA CALATAYUD

Name and Title: _____

Address PRESIDENT

Address: _____

8205 NW 116 AVEDORAL FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: ISABELLA VICTORIA CALATAYUD
 Address: 8205 NW 116 AVE
 DORAL FL 33178

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ISABELLA VICTORIA CALATAYUD
 Address: 8205 NW 116 AVE
 DORAL FL 33178

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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

3/21/19

 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

3/21/19

 Date