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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Enail	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION **COCO SERVICES & SOLUTIONS INC**

M SIMMONS

'JUN 16 2020

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Coco Services à Solutions Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  2500 NW 79 St Swife#209  Doeal H 33122
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE IS:  Alania Elisa Campos (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
(NO Pow not accentable) of the registered agent is:
9635 SW 24ST Apt+206
The name and Florida street address (FO Box Not acceptable), Apt 4-206  Wigneria Al 33/65
MARIA ELISA CAMPOS
ARTICLEVI INCORPORATOR: The name and address of the Incorporator is:  MARIN ELISA COMPOS  9635 SW ZY ST apt 206  MIRANI FL 33/65
- 7633 300 FL 33/65

## Required Signatures:

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

Registered Agent

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.

Incorporator

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