

P20000047810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

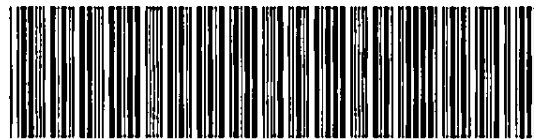
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Incorporator W20000057215

Office Use Only



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06/02/20--01007--029 \*\*128.75

FILED  
2020 JUN -2 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

JUL 1 - 2020

COVER LETTER

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

SUBJECT: Domestication of an existing NY state for profit S Corporation.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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**From:** Armaan Shaviri

Name (printed or typed)

2181 Vardin Place

Address

Naples, FL 34120

City, State & Zip

845-499-6344

Daytime Telephone Number

armaan@shaviri.com

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2020

ARMAAN SHAVIRI  
2181 VARDIN PLACE  
NAPLES, FL 34120

SUBJECT: COCO4USA, INC  
Ref. Number: W20000057215

We have received your document for COCO4USA, INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons  
Regulatory Specialist II

Letter Number: 920A00011310

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SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, Armaan Shaviri, President & CEO  
(Name) (Title)

of Coco4USA, Inc, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is Coco4USA, Inc  
(Foreign Corporation)
2. The jurisdiction and date of its formation is New York State -10/11/2013
3. The name of the domesticated corporation is Coco4USA, Inc
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
(Authorized Signature)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Coco4USA, Inc

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

2181 Vardin Place, Naples FL 34120

Mailing Address

2181 Vardin Place, Naples FL 34120

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Is to engage in any lawful act or activity for which a corporation may be organized under the business corporation law.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 200

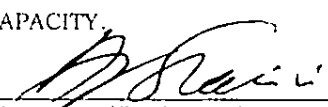
**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Armaan Shaviri

2181 Vardin Place, Naples FL 34120

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

  
Signature/Registered Agent

5/27/2020

Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Armaan Shaviri-President & CEO

Address: 2181 Vardin Place  
Naples, FL 34120

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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Name & Title: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN -2 PM 2: 51

FILED

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

  
\_\_\_\_\_  
Signature/Authorized Person

5/27/2020  
\_\_\_\_\_  
Date