

**P200003188853** Division of Corporations  
**75099** Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.  
Account Number : I20160000091  
Phone : (305)635-9694  
Fax Number : (305)635-9868

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

Email Address: jjseruiger@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
COCCO GENERAL SERVICE CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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

H 200003188853

**ARTICLE I NAME**

The name of the corporation shall be: Cocco General Service Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7950 NE Bayshore Ct Apt 1402  
Miami FL 33138

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: P. Jose Carlos Cocco Name and Title: \_\_\_\_\_

Address 7950 NE Bayshore Ct Apt Address: \_\_\_\_\_  
1402 \_\_\_\_\_  
Miami FL 33138 \_\_\_\_\_

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

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

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

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

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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: Jose Carlos, Coco

Address: 7950 NE Bayshore Ct Apt 1402  
Miami, FL 33138

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jose Carlos, Coco

Address: 7950 NE Bayshore Ct Apt 1402  
Miami, FL 33138

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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*

[Signature]  
Required Signature/Registered Agent

09/28/2020  
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.*

[Signature]  
Required Signature/Incorporator

09/28/2020  
Date

H200003188853

# Norton Hammersley

Norton, Hammersley, Lopez & Skokos, P.A.

1819 Main Street, Suite 610

Sarasota, FL 34236

Telephone: 941.954.4691

Fax: 941.954.2128

JOHN M. COMPTON

CHRISTOPHER J. FOWLER

ALEXANDRA S. GLAUSER

PHILIP N. HAMMERSLEY

ERIK M. HANSON

MICHAEL P. INFANTI

E. JOHN LOPEZ (OF-COUNSEL)

J. DERRICK MAGINNESS

SAM D. NORTON

PETER Z. SKOKOS

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NUMBER OF PAGES: 5

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**Message:** Attached are the Articles of Organization for 540 N. Washington Associates, LLC.

Please contact me directly if you do not receive all of the pages on this filing as time is of the essence with this filing. My number is 941-954-4691 and my email is [sdavis@nhslaw.com](mailto:sdavis@nhslaw.com)

We appreciate your assistance with this matter. Thank you!

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