Division of Corporations



Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000356123 3)))



H200003561233ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE TAX GROUP INC

Account Number: I20180000051 : (305)223-4648

: (786)361-1360 Fax Number

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

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION THE ROYALE COCONUT CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

OCT 1 4 2020

J. FASON

Electronic Filing Menu

Corporate Filing Menu

H20000356123 3

THE ROYALE COCONUT CORP

ATX1

ARTICLES OF INCORPORATION

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

ARTICLE NAME The name of the corpora	ation shall be: THE ROYALE COCONUT	CORP	
ARTICLE II PRINCIP Principal str 1900 S TREASURE DR	AL OFFICE net address		ailing address, if different Is:
NORTH BAY VILLAGE.			
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is:		
ANY AND ALL LAWFU	L BUSINESS	·	
			2020
			0 0CT
ARTICLE IV SHARE The number of shares of			3 AM 9: 05
	CARLOS J RAMOS, PD	Name and Title:	DANIEL A CRUZ LEON, VP
Address:	1900 S TREASURE DR, APT 1U	Address:	421 NE 68TH ST, APT 2
	NORTH BAY VILLAGE, FL-33141		MIAMI, FL 33138
Name and Title:		Name and Title:	
Address:		Address:	
Name and Title:		Name and Title:	
Address:	,	Address:	
			

H20000356123 3

T)	4F	Ð	S	ZΔ	IF	CO	COK	III	CORP
8 6	70	17	•	•	LE	1.1	1 - 1 - 1 - 1	11.76	CALIFE

ATX1

		• .				
Name an	d Title:	Name and Title:				
Address		Address:				
	·					
			•			
						
	· ·					
	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable)					
tte iraile 40d L	TOTICA Sureet address (P.O. DOX NOT acceptable)	or the registered agent is:				
Name:	CARLOS J RAMOS					
Address:	1900 S TREASURE DR, APT 1U		. 2			
	NORTH BAY VILLAGE, FL 33141		2020 OC1			
ARTICLE VII	INCORPORATOR					
The name and a	address of the Incorporator is:		$\omega = \overline{\omega}$			
			A IT			
Name:	CARLOS J RAMOS.		10 is o			
Address:	1900 S TREASURE DR APT 1U		ALE 050			
	NORTH BAY VILLAGE, FL 33141					
	EFFECTIVE DATE:					
	other than the date of filing: 10/9/2020 late is listed, the date must be specific and cann	OPTIONAL) of be more than five days original	or or 80 days after the			
filing.)		,	,			
Note: If the date	e inserted in this block does not meet the applicable	statutory filing regulrements, t	his date will not be			
	ument's affective date on the Department of State's					
	ned as registered agent to accept service of process					
in uns ceruicate	I am familiar with and accept the appointment as n	egistered agent and agree to ac ·	t in this capacity			
	Required Signature/Registered Agent	-, , ,	10/09/200			
	Required Signature/Registered Agent		. Date			
	ument and affirm that the facts stated herein are tru Department of State constitutes a third degree felor					
/1	las Rouss		10/9/2020			
	Required Stanature/locomorator		Nate			