

Division of Corporations

**PRO000079539**

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : THE TAX GROUP INC  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
THE ROYALE COCONUT CORP**

Certificate of Status	0
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J. FASON

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THE ROYALE COCONUT CORP

ATX1

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: THE ROYALE COCONUT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1900 S TREASURE DR, APT 1U

NORTH BAY VILLAGE, FL 33141

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: 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:

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THE ROYALE COCONUT CORP

ATX1

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: CARLOS J RAMOS

Address: 1800 S TREASURE DR, APT 1U  
NORTH BAY VILLAGE, FL 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CARLOS J RAMOS

Address: 1800 S TREASURE DR, APT 1U  
NORTH BAY VILLAGE, FL 33141

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 TALLAHASSEE, FLORIDA

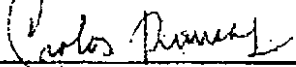
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/9/2020 (OPTIONAL)

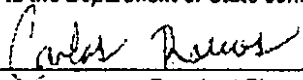
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

<u></u>	<u>10/09/200</u>
Required Signature/Registered Agent	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.*

<u></u>	<u>10/9/2020</u>
Required Signature/Incorporator	Date

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