

P21000056539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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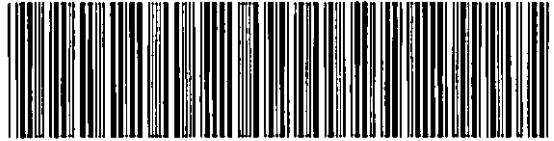
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J DENNIS
JUN 16 2021

COVER LETTER

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

SUBJECT: KOKO Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dmytro Crawford
Name (Printed or typed)
46 Saint Johns Place
Address
Chappaqua, NY 10514
City, State & Zip
914.552 6090
Daytime Telephone number
dmytro Crawford @ gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: KOKO Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St. N. Ste 300
St Petersburg, FL 33702

Mailing address, if different is:

46 Saint Johns Place
Chappaqua, NY 10514

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

technology solutions

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dmytro Crawford (P) (T) Name and Title: _____

Address 7901 4th St N. Ste 300 Address: _____
St. Petersburg, FL 33702

Name and Title: Taras Formazyuk (P) (S) Name and Title: _____

Address 7901 4th St. N. Ste 300 Address: _____
St. Petersburg, FL 33702

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Northwest Registered Agent LLC
Address: 7901 4th St. W. Ste 300
St Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Switlana Wojcikys
Address: 46 Saint Johns Pl.
Chappaqua NY 10514

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

Tom Glover May 30, 2021
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.

Switlana Wojcikys May 30, 2021
Required Signature/Incorporator Date