

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MIAMI COCONUTS, GOLF COTERIE, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 12 PM 8:05

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Miami Coconuts, Inc. - Golf Coterie, IncARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

3025 Mary St, Apt 4 Miami, FL 33133ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all legal purposesARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Victor Suarez (Pres)

Name and Title:

Johnnie Manfrediz

Address

3025 Mary St. Apt 4  
Miami, FL 33133

Address:

2025 Meridian Ave Apt 4  
Miami Beach, FL 33139

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Victor Swarez  
Address: 3025 Mary St, Apt 4  
Miami, FL 33133

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: Victor Swarez  
Address: 3025 Mary St, Apt 4  
Miami, FL 33133

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 8/12/2021 (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

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

8/11/2021  
Date  
2021  
AUG 12 PM 8:05  
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