

P21000105536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

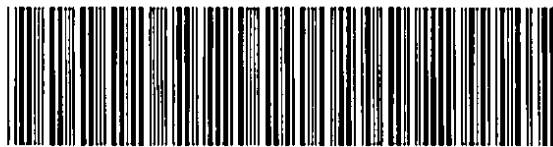
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 DEC 27 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 DEC 27 PM 3:34

TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT : 120210000160 AMOUNT: \$70.00

Authorized Signature: 

COOKALINI CONSULTING CORP

Business Name

Document Number

☐ **Certified copy of complete file**

☐ **Pick up time** _____

☐ **Certificate of Status**

☐ **Will wait**

NEW FILINGS

☐ **Profit**

☐ **Not for Profit**

☐ **Limited Liability**

☐ **Domestication**

☐ **Other**

☒ **CORP**

AMMENDMENTS

☐ **Amendment**

☐ **Resignation of R.A.**

Officer/Director

☐ **Change of Registered Agent**

☐ **Dissolution/Withdrawal**

☐ **Merger**

☐ **Correction**

OTHER FILINGS

☐ **Annual Report**

☐ **Fictitious Name**

☐ **APOSTIL ()**

Country

REGISTRATION/QUALIFICATIONS

☐ **Foreign filing**

☐ **Limited Partnership**

☐ **Reinstatement**

☐ **Other**

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Cookalini Consulting Corp
(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Craig Sirota

Name (Printed or typed)

12731 Yardley DR

Address

Boca Raton, FL 33428

City, State & Zip

(856) 308-7170

Daytime Telephone number

craigsirota@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: Cookalini Consulting Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12731 Yardley DR

Boca Raton, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig A Sirota, President,

Name and Title: Marlene Sirota, Director

Address 12731 Yardley Dr

Address: 12731 Yardley Dr

Boca Raton, FL 33428

Boca Raton, FL 33428

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Craig Sirota
Address: 12731 Yardley DR
Boca Raton, FL 33428

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Craig A Sirota
Address: 12731 Yardley DR
Boca Raton, FL 33428

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

CRAG SIROTA

Required Signature/Registered Agent

12/27/2021

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.

CRAG SIROTA

Required Signature/Incorporator

12/27/2021

Date