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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: arimirservices@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI COCOLOCO CORP

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

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CORPORATIONS
COMMERCIAL
SERVICES

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FLORIDA DEPT. OF STATE

10:13:30

RS

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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: MIAMI COCOLOCO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
2945 SW 16 STREET
MIAMI, FL 33145

Mailing address, if different is:

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: Shirley Valverde Aparicio - President

Name and Title: _____

Address 2945 SW 16 STREET

Address: _____

MIAMI, FL 33145

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Shirley Valverde Aparicio
 Address: 2945 SW 16 STREET
MIAMI, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shirley Valverde Aparicio
 Address: 2945 SW 16 STREET
MIAMI, FL 33145

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

 Required Signature/Registered Agent
 Date 05/25/2022

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.

 Required Signature/Incorporator
 Date 05/25/2022

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