

P22000055546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

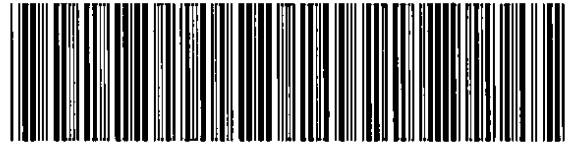
(Document Number)

Certified Copies _____

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S. CHATHAM
JUL 13 2022

22 JUL 13 PM 5:35

2022 JUL 13 AM 10:06
RECEIVED
ALABAMA SECRETARY OF REVENUE

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/13/2022

****WALK IN****

ENTITY NAME COCONUT PERMSAK, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy
Certified Copy
Certificate of Status

22 JUL 13 PM 5:35
NOTARY PUBLIC
STATE OF FLORIDA

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120160000072

Wine DV

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: COCONUT PERMSAK, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: DANIEL P. SOKOLOFF, CPA PA
Name (Printed or typed)

715 E. HILLSBORO BLVD, 2ND FLOOR
Address

DEERFIELD BEACH, FL 33441
City, State & Zip

(954) 360-8477
Daytime Telephone number

DSOKOLOFF@TAXSOFLA.COM
E-mail address: (to be used for future annual report notification)

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

22 JUL 13 PM 5:35

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: COCONUT PERMSAK, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4838 N FEDERAL HIGHWAY

FORT LAUDERDALE, FL 33308

Mailing address, if different is:

112 OLDE TOWNE DRIVE

STATESBORO, GA 30458

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: KAMOLWAN KAWPUNNA, PRESIDENT

Name and Title: _____

Address: 112 OLDE TOWNE DRIVE

Address: _____

STATESBORO, GA 30458

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

22 JUL 13 PM 5:35

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: DANIEL P. SOKOLOFF, CPA
Address: 715 E. HILLSBORO BLVD, 2ND FLOOR
DEERFIELD BEACH, FL 33441

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FILED
CLERK OF COURT
JULY 13 2022

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KAMOLWAN KAWPUNNA
Address: 112 OLDE TOWNE DRIVE
STATESBORO, GA 30458

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 7, 2022 (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

7/12/2022
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.


Required Signature/Incorporator

7/11/2022
Date