9/22/22, 4:37 PM Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
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Email Address: HARRY@SAMUELSACCOUNTING.COM

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FLORIDA PROFIT/NON PROFIT CORPORATION
COCONUT POINT RETAIL PARTNERS INC

Certificate of Status	1
Certified Copy	0
Page Count	03
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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: COCONUT POINT RETAIL PARTNERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
23141 FASHION DRIVE STE 105
ESTERO, FL 33928

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEAN PIERRE KLIFA - PRESIDENT
Address: 2930 SW 30TH AVENUE, STE K
HALLANDALE BEACH, FL 33009

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: HARRY M SAMUELS

Address: 2901 STIRLING ROAD STE 307

FORT LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

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

Name: JEAN PIERRE KLIFA

Address: 2930 SW 30TH AVENUE, STE K

HALLANDALE BEACH, FL 33009

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 HARRY M SAMUELS Date SEPTEMBER 22, 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 JEAN PIERRE KLIFA Date SEPTEMBER 22, 2022