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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
COCOMEX USA INC

| | |
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| Certificate of Status | 0 |
| Certified Copy | 1 |
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Page: 3 of 5

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From: Yenet Avila

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5/9/2023 5:42:33 PM PAGE 1/001 Fax Server



May 9, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: COCOMEX USA INC
REF: W23000067193

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower
Regulatory Specialist II
CoT

FAX Aud. #: H23000171405
Letter Number: 923A00010541

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: COCAMEX USA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1170 NW 11TH STREET A-625 MIAMI, FL 33136

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: ROBERT GONZALO RYAN (P) Name and Title: _____

Address 1170 NW 11TH STREET A-625 Address: _____
MIAMI, FL 33136 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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23 MAY 10 PM 12: 05
FALLASSOCIATION

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: ROBERT GONZALO RYAN
 Address: 1170 NW 11TH STREET A-625
MIAMI, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT GONZALO RYAN
 Address: 1170 NW 11TH STREET A-625
MIAMI, FL 33136


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

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

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