

5/8/23, 2:13 PM

**P23000037137**

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

Certificate of Status	0
Certified Copy	1
Page Count	03
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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 refile 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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23 MAY 10 PM 12:35  
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  
FALLA ASSOCIATES, INC.

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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 STATE OF FLORIDA