

## Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)813-1184  
Fax Number : (516)935-3088

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

Email Address: enoeldechen@gmail.com

### FLORIDA PROFIT/NON PROFIT CORPORATION COCONUTS INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
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TALLAHASSEE, FL

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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: COCONUTS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:  
609 Macedonia Dr  
Punta Gorda, FL 33950

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal & lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1500 at No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eric Noeldechen - President/Director Name and Title: \_\_\_\_\_  
Address: 204 Medford Avenue Address: \_\_\_\_\_  
Patchogue, NY 11772

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
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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: Eric Noeldechen

Address: 609 Macedonia Dr  
Punta Gorda, FL 33950

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Eric Noeldechen

Address: 204 Medford Avenue  
Patchogue, NY 11772

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**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	_____ September 23, 2024 Date
Eric Noeldechen	

*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	_____ September 23, 2024 Date
Eric Noeldechen	

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