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Department of State
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

			70000307 -12/16/99- ****131.2	0106601:
Enclosed is an origin	al and one(1) copy of the articles	of incorporation and a c	check for :	
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	99
FROM:	Marilyn Amer Name (Pr	ADDITIONAL CO	PY REQUIRED	FILED FILED
	BOI Beville	Road U.	hit 19	MIN: 38
	Millowa B	each Fl	22/19	

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

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# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

COCOA GAS, INC

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1301 BEVILLE ROAD UNIT 19 DAYTONA BACH, FL 32119

### <u>ARTICLE III SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES AT NO PAR VALUE

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MARILYN AMENDOLAGINE 1301 BEVILLE ROAD UNIT 19 DAYTONA BEACH, FL 32119

## **ARTICLE V**

TITLE OF OFFICERS

PRESIDENT

MICHAEL AMENDOLAGINE

1301 BEVILLE ROAD UNIT 19 DAYTONA BEACH, FL 32119

V. PRESIDENT, SECRETARY, TREASURER

MARILYN AMENDOLAGINE

1301 BEVILLE ROAD UNIT 19 DAYTONA BEACH, FL 32119

# ARTICLE VI NAME AND ADDRESS OF INITIAL INCORPORATOR

MARILYN AMENDOLAGINE

1301 BEVILLE ROAD UNIT 19 DAYTONA BEACH, FL 32119

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent /TNO/REGRATOR

Date