

M21000005338

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

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

Email Address: jerry@diversifiedcorp.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 MAY -4 PM 4:42
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RECEIVED
2021 MAY -4 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
COCOMANGO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

**IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. COCOMANGO, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

UPON FILING

4. _____
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1140 SW 73RD AVENUE
(Street Address of Principal Office)

6. SAME
(Mailing Address)

PINECREST, FLORIDA 33156 US

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SONIA ZELEDON

Office Address: 1140 SW 73RD AVENUE

PINECREST Florida 33156
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ SONIA ZELEDON
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: SONIA ZELEDON

Member Address: 1140 SW 73RD AVENUE

Authorized PINECREST, FLORIDA 33156

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: PEDRO PAVON

Member Address: 1837 BROOKS DR, NW

Authorized ATLANTA, GEORGIA 30318

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

FILED
 2021 MAY -4 PM 4:43
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, P.S.

/s/SONIA ZELEDON
 Signature of an authorized person

SONIA ZELEDON
 Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COCOMANGO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COCOMANGO, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2021 MAY -4 PM 4:43
SECRETARY OF STATE
FALLAHASSETT, FLORIDA

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JWB
Jeffrey W. Bullock Secretary of State

5890054 8300

SR# 20211574151

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203117644

Date: 05-04-21

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