

P25000008037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

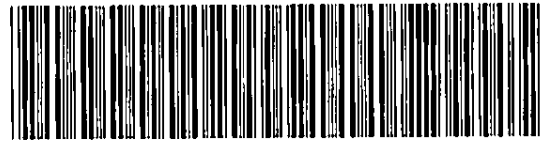
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600442587666

2017 JUN 14 10 58 AM
FBI - MEMPHIS

MS

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 2/12/25

NAME: BASTIAT COCONUT GROVE, INC.

TYPE OF FILING: ARTICLES

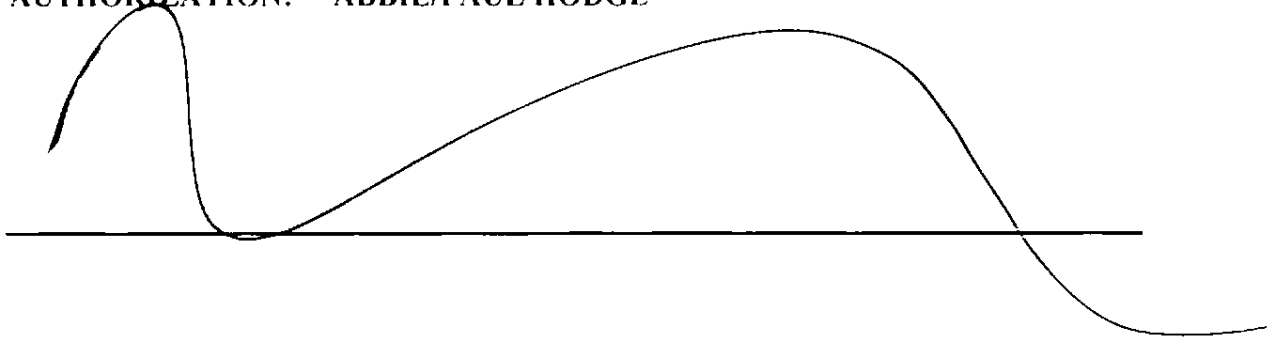
COST: 70.00

RETURN: PLAIN COPY PLEASE

FILED
FEB 12 2025
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT
J

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Bastiat Coconut Grove, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUN 10 2008

FROM: Dan Dorney
Name (Printed or typed)

120 Wood Ave S, Ste 407
Address

Iselin, NJ 08830
City, State & Zip

Daytime Telephone number

dan@brandymelvilleusa.com
E-mail address: (to be used for future annual report notification)

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

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: Bastiat Coconut Grove, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3180 Commodore Plaza
Miami, FL 33133

Mailing address, if different is:
120 Wood Ave S, Suite 407
Iselin, NJ 08830

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Womens Clothing Retail

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Stephan Marsan President/CEO</u>	Name and Title:	<u>Salvatore Rianna EVP/CFO</u>
Address	<u>120 Wood Ave S, Suite 407</u>	Address:	<u>120 Wood Ave S, Suite 407</u>
	<u>Iselin, NJ 08830</u>		<u>Iselin, NJ 08830</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Paracorp Incorporated
 Address: 155 Office Plaza Drive, 1st Floor
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Stephan Marsan
 Address: 120 Wood Ave S, Suite 407
Iselin, NJ 08830

RECEIVED
 FEB 11 2025
 10 10 AM
 DEPARTMENT OF STATE

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.

Stephan Marsan
 Required Signature/Incorporator Date 02/11/2025

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

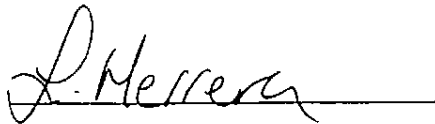
DATE: 02/11/25

ENTITY NAME: Bastiat Coconut Grove, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated