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

SUBJECT:	J.B. Cohen -3- (PROPOSED CORPORA)	Associates, TENAME- <u>MUSTINCL</u>	ZAC. UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	4.	00006358: -07/12/020 d a che **** *78.75	3542 1055003 *****78.75
\$70.00	♥ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	1132 Dor	Cohen Printed or typed) mie Drive ddress	SEGRET	
	Naples, FL 34/08 City, State & Zip 39 - 593 - 0) So Daytime Telephone number			S .

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

BM 7/15

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:

J.B. Cohen -3- Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1132 Dormie Drive Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President :

Jane Cohen 1132 Dormie Deive Naples, FL 34108

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jane Cohen 1132 Dormie Drive Naples, FL 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jane Cohen 1132 Dormie Drzve Naples, FL 34108

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

Signature/Registered Agent

Signature/Incorporator

7/10/02 /Date/

7/10/02 Date

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CRETARY OF STATE
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