

P04000007706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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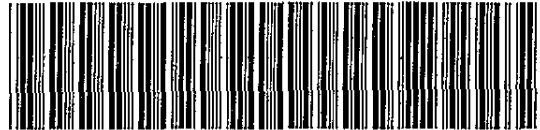
(Business Entity Name)

(Document Number)

Certified Copies _____ - Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-12-04
5

TRANSMITTAL LETTER

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

SUBJECT: COHEN AND SONS, 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

FROM: COHEN AND SONS, INC.
Name (Printed or typed)

1314 East Las Olas Blvd. Ste
Address

Ft. Lauderdale, FL. 33301
City, State & Zip

954-763-5208
Daytime Telephone number

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:

COHEN AND SONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1314 East Las Olas Blvd. Ste 1098
Ft. Lauderdale, Fl. 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management Consulting

ARTICLE IV SHARES

The number of shares of stock is:

400 shares, \$ 1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Bryan D. Cohen

ARTICLE VI REGISTERED AGENT

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

Bryan D. Cohen 1314 East Las Olas Blvd. Ste 109
Ft. Lauderdale, Fl. 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bryan D. Cohen
1314 East Las Olas Blvd. Ste 1098
Ft. Lauderdale, Fl. 33301

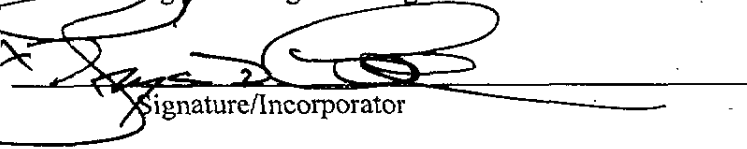
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

X 12/31/03

Date



Signature/Incorporator

X 12/31/03

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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