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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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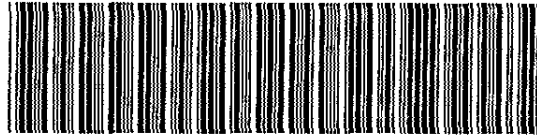
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: CAC PROPERTY MANAGEMENT CO., 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: HOWARD COHEN

Name (Printed or typed)

3591 NW 115TH TERRACE

Address

SUNRISE, FLORIDA 33323

City, State & Zip

954-650-0441

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:

CAC PROPERTY MANAGEMENT CO., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3591 NW 115TH TERRACE
SUNRISE, FLORIDA, 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT AND BOOKKEEPING SERVICES FOR CONDOMINIUMS, HOMEOWNER ASSOCIATIONS,
COOPERATIVES, MOBILE HOME PARKS, MARINAS.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HOWARD COHEN - 3591 NW 115 TERRACE, SUNRISE, FLORIDA 33323 - PRESIDENT/SECRETARY
GAIL COHEN - 3591 NW 115 TERRACE, SUNRISE, FLORIDA 33323 - VICE PRESIDENT/TREASURER

ARTICLE VI REGISTERED AGENT

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

GAIL COHEN - 3591 NW 115 TERRACE, SUNRISE, FLORIDA 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HOWARD COHEN - 3591 NW 115 TERRACE, SUNRISE, FLORIDA 33323

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

01/30/2004

Date


Signature/Incorporator

HOWARD COHEN

01/30/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA