

P04000147307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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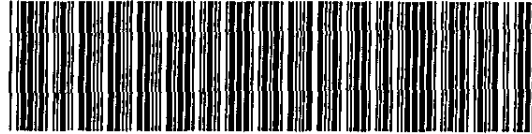
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Cohen's Auto Repair 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: Ankey Athony Cohen
Name (Printed or typed)

4118 Riverside Drive
Address

Coral Springs FL 33065
City, State & Zip

754 - 368 - 1686
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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's Auto Repair Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

550 S Cypress Rd.
Pompano Beach, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Repair

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ankey A. Cohen - President
4118 Riverside drive
Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dorothy H. Allen
4118 Riverside drive
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ankey A. Cohen
4118 Riverside drive
Coral Springs, FL 33065

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

X Dorothy Allen
Signature/Registered Agent

10-19-04
Date

X A - Cohen
Signature/Incorporator

10-19-04
Date

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TALLAHASSEE, FLORIDA