## P04000156886

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Daniele Link, Marie)				
(Document Number)				
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c. f. 1117

## TRANSMITTAL LETTER

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

SUBJECT:		OHEN	/·/t·	
	(PROPOSED CORPORA)	PENAME - MUSTINCLI	IDESUFFIX)	
			,	
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	
<b>□</b> \$70.00	<b>□</b> \$78.75	<b>378.75</b>	<b>□</b> \$87.50	
Filing Fee	Filing Fee	Filing Fec	Filing Fee,	
<b></b>	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
	/i	, ,		
FROM: JOEL COHEN				
Name (Printed or typed)				
9885 MANTONA DRIVE				
1883 / IAN/OVA DEIVE				
VIII'N city				
1 AKE 11 ATU EL AZILLA				
LAKE WORTH FL 33467				
- and (A) is a street on somith				
561-641-1494				
Daytime Telephone number				

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



November 8, 2004

JOEL COHEN 9885 MANTOVA DRIVE LAKE WORTH, FL 33467

SUBJECT: JOEL COHEN P.A. Ref. Number: W04000041008

We have received your document for JOEL COHEN P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 904A00063856

Carolyn Lewis Regulatory Specialist II New Filings Section In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: JOEL COHEN P.A. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9885 MANTOVA DRIVE LAKE WORTH, FL. 33467 ARTICLE III PURPOSÉ The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: 20 ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(cs): JOEL COHEN PRES TREAS 9885 MANTOVA DRIVE LAKE WORTH, FL 33467 REGISTERED AGENT The name and Florida street address of the registered agent is: JOEL COTTEN 9885 MANTOVA DRIVE LAKE WORTH FL 88467 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOEL COHEN

9885 MANTOVA DRIVE
LAKE WORTHPA 33467 registered agent to accept service of process for the above stated corporation of the place designment in this certificate. I am familiar with and accept the appointment of registered agent and agree to act in this capacity 11/1/04 Date Signature/Registered Agent

ARTICLES OF INCORPORATION

Signature/Incorporator