

Division of Corporations

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 26 AM 10:29

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)205-0361

## From:

Account Name : JOEL SANDERS & COMPANY, PA  
Account Number : 120040000032  
Phone : (954)916-2000  
Fax Number : (954)916-2021

**FLORIDA PROFIT CORPORATION OR P.A.****STEVEN J. OR MITCHELL F. COHEN, P.A.**

Certificate of Status	0
Certified Copy	1
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SECRETARY  
DIVISION OF  
05 MAY 26 AM 10:29**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:

STEVEN J. OR MITCHELL F. COHEN, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4630 N. UNIVERSITY DRIVE, #375  
CORAL SPRINGS, FL 33076**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REALTORS

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)**

The name(s) and address(es):

STEVEN J. COHEN - PRESIDENT  
4743 NW 100<sup>TH</sup> TERRACE  
CORAL SPRINGS, FL 33076**ARTICLE VI REGISTERED AGENT**

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

STEVEN J. COHEN  
4743 NW 100<sup>TH</sup> TERRACE  
CORAL SPRINGS, FL 33076**ARTICLE V INCORPORATOR**

The name and address of the Incorporator is:

STEVEN J. COHEN  
4743 NW 100<sup>TH</sup> TERRACE  
CORAL SPRINGS, FL 33076

.....  
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.

*Steven J. Cohen*  
\_\_\_\_\_  
Signature/Registered Agent

5-25-05  
\_\_\_\_\_  
Date

*Steven J. Cohen*  
\_\_\_\_\_  
Signature/Incorporator

5-25-05  
\_\_\_\_\_  
Date

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