

P07000114981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

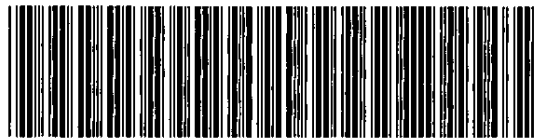
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Deborah A. Cohen, P.A.

(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:** Deborah A. Cohen, P.A.

Name (Printed or typed)

9535 Barletta Winds Pt.

Address

Delray Beach, FL 33446

City, State & Zip

561-542-1956

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:

Deborah A. Cohen, P.A.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

9535 Barletta Winds Pt.

Delray Beach, FL 33446

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real Estate

## **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):

Deborah A. Cohen

9535 Barletta Winds Pt.

Delray Beach, FL 33446

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**ARTICLE VI REGISTERED AGENT**

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

Deborah A. Cohen  
9535 Barletta Winds Pt.  
Delray Beach, FL 33446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Deborah A. Cohen  
9535 Barletta Winds Pt.  
Delray Beach, FL 33446

\*\*\*\*\*

*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*

Deborah A. Cohen

Signature/Registered Agent

10/17/07

Date

Deborah A. Cohen

Signature/Incorporator

10/17/07

Date

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TALLAHASSEE, FLORIDA