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08 JUN -2 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

B. McKnight JUN 02 2008

## COVER LETTER

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

**SUBJECT:** MELODY REPS PENSION TRUST, 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:** MURRAY J COHEN P.A.

Name (Printed or typed)

10330 CAMELBACK LN

Address

BOCA RATON, FL 33498

City, State & Zip

561-482-8682

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:

MELODY REPS PENSION TRUST, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

C/O MURRAY J COHEN P.A.  
10330 CAMELBACK LANE  
BOCA RATON, FL 33498

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LEGAL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LOUIS SUKOFF PRES.  
270-22 N GRAND CENTRAL PARKWAY  
FLORAL PARK N.Y. 11005

MURRAY J COHEN TREAS  
10330 CAMELBACK LANE  
BOCA RATON FL 33498

**ARTICLE VI REGISTERED AGENT**

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

MURRAY J COHEN P.A.  
10330 CAMELBACK LANE  
BOCA RATON FL. 33498

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MURRAY J COHEN  
10330 CAMELBACK LANE  
BOCA RATON, FL 33498

\*\*\*\*\*

*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



Signature/Incorporator

05/29/08

Date

05/29/08

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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