108000062033

(Requestor's Name)				
(Address)				
(Address)				
,				
(0) (0) (7) (5)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Boodine Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400131250894

06/16/08--01021--006 **78.75

W08000029344



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2008

RUSSELL ANDREW COHEN 10420 SW 77TH AVENUE, SUITE 202 MIAMI, FL 33156

SUBJECT: RUSSELL A. COHEN, P.A.

Ref. Number: W08000029344

We have received your document for RUSSELL A. COHEN, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected 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) 245-6062.

Letter Number: 608A00036921

COVER LETTER

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

SUBJECT: Russell	A. Cohen, P.A. (PROPOSED CORPOR	ATE NAME – <u>MÚST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Ru	ssell Andrew Cohen	(Printed or typed)	
	10420 SW 77th Avenue, Suite 2	•• •	·
-	Miami, FL 33156 City	, State & Zip	
<u>.</u>	(305) 666-1009 Daytime T	elephone 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:

Russell A. Cohen, P.A.

ARTICLE II PRINCIPAL OFFICE

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

10420 SW 77th Avenue Suite 202

Miami, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law firm

ARTICLE IV SHARES

The number of shares of stock is: One Hundred Shares, One Dollar Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Russell A. Cohen 10420 SW 77th Avenue Suite 202 Miami, FL 33156

President and Secretary

ARTICLE VI REGISTERED AGENT

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

Russell A. Cohen 10420 SW 77th Avenue Suite 202 Miami, FL 33156

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Russell A. Cohen 10420 SW 77th Avenue Suite 202 Miami, FL 33156

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/Incorporator

Signature/Incorporator

Signature/Incorporator

Signature/Incorporator

SECRETARY OF STATE STATE OF CORPORATION OF CORPORATION OF CORPORATION OR JUN 25 PH 2: 41