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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
				





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COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	SUBJECT: Cohen C	Creative, Inc.		
Filing Fee Filing Fee & Certificate of Status FROM: Michael Cohen Name (Printed or typed) 12002 Miramar Parkway, Suite C Address Miramar, FL 33025 City, State & Zip	4.1188	(PROPOSED CORPORA	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Filing Fee Filing Fee & Certificate of Status FROM: Michael Cohen Name (Printed or typed) 12002 Miramar Parkway, Suite C Address Miramar, FL 33025 City, State & Zip				
Filing Fee Siling Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Michael Cohen Name (Printed or typed) 12002 Miramar Parkway, Suite C Address Miramar, FL 33025 City, State & Zip 954-846-2366	Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
FROM: Michael Cohen Name (Printed or typed) 12002 Miramar Parkway, Suite C Address Miramar, FL 33025 City, State & Zip 954-846-2366		Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate of
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12002 Miramar Parkway, Suite C Address Miramar, FL 33025 City, State & Zip 954-846-2366	FROM: MIC		e (Printed or typed)	
Address Miramar, FL 33025 City, State & Zip 954-846-2366		T (MIII)	(i inited of typed)	
Miramar, FL 33025 City, State & Zip 954-846-2366	120	02 Miramar Parkway, Suite C		
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954-846-2366	Mira		State 9. 7:	
		City,	State & Zip	
	954-	846-2366		
Daytime Telephone number	4	Daytime T	elephone number	
michaelc@cohenadv.com E-mail address: (to be used for future annual report notification)	mich		d For Citizen and a second	

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:

Cohen Creative, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12002 Miramar Parkway, Suite C, Miramar, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Advertising and marketing services

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):

Michael Cohen, CEO, 12002 Miramar Pkwy, Suite C Miramar, FL 33025 Cynthia Cohen (D) 12002 Miramar Pkwy, Suite C Miramar, FL 33025

ARTICLE VI REGISTERED AGENT

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

Michael Cohen

12002 Miramar Parkway, Suite C

Miramar, FL 33025

ARTICLE VII INCORPORATOR

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

Michael Cohen

12002 Miramar Parkway, Suite C

Miramar, FL 33025

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 caracity.

agree to act in this capacity	
Q Je	4/21/10
Signature/Registered Agent	Date
The	4/21/10
Signature/Incorporator	Date