

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing OfficerGAVE Decad Control VIII CORRECT WITHORIZATION BY PHONE TO DATE DOC. EXAM	
(Address) (City/State/Zip/Phone #) (Dity/State/Zip/Phone #) (Business Entity Name) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer GAVE Document Number TO AUTHORIZATION BY PHONE TO	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP	(Address)
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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer@AVE Donald Color PHONE TO AUTHORIZATION BY PHONE TO	(Business Entity Name)
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Office Use Only



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COVER LETTER

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

SUBJECT: Cohen and Cohen Electrical Service Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Donald Joseph Cohen Name	(Printed or typed)		
2770 Summerfield St	Address		
Deltona, Florida, 32738 City, State & Zip			
386-473-6225 Daytime Telephone number			
cohensc5@yahoo.com E-mail address: (to be used	I for future annual report notification)		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME Cohen and Cohen Electroporation shall be:	ectrical service l	nc.
	PRINCIPAL OFFICE Principal street address 2771 Summerfield St	1	Mailing address, if different is:
ARTICLE III			
ANY AND A	which the corporation is organized is: LL LAWFUL BUSINESS		
	ures of stock is:100	ODS.	
	INITIAL OFFICERS AND/OR DIRECT itle: Donald J Cohen- President		:Mary I Cohen- Tres
Address:	2771Summerfield St	Address:	2771 Summerfield St
	Deltona Fl 32738		Deltona Fl 32738
Name and T	itle:Mary L Cohen- Vice President	Name and Title	•
Address:	2771 Summerfield St	Address:	
	Deltona Fl 32738		
	itle: Donald J Cohen- Director		
Address:	2771 Summerfield St		
	Deltona Fl 32738		
	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable	e) of the registered ages	nt is:
Name: Address:	Donald J Cohen 2771 Summerfield St		意思 全 の
Address.	Deltona FI 32738		\$ ⋝ ₽
			30
	INCORPORATOR		
	dress of the Incorporator is:		
Name: Address:	Donald J Cohen		
Address.	2771 Summerfield St	 	
	ned as registered agent to accept service of pro m familiar with and accept the appointment as		
7/1/			1/07/2011
10110	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree fe		
	1///		1/07/2011
/11/	Required Signature/Incorporator		1/07/2011 Date
	reduited or Primeries investigation		_ www