

P13000038351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

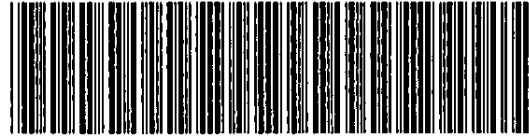
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/13--01012--009 **78.75

FILED
13 APR 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: Cohen Aviation, 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: Barry S. Choen

Name (Printed or typed)

1818 Australina AVE Ste 450

Address

West Palm Beach FL 33409

City, State & Zip

855 333-8995

Daytime Telephone number

BCohen At Cohen Aviation.com

E-mail address: (to be used for future annual report notification)

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Cohen Aviation, Inc.

13 APR 26 PM 3: 37

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

1818 AUSTRALIAN AVE Ste 450

West Palm Beach, FL 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any and all activities allowed under the laws of the United States and Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Scott Cohen President

Name and Title: _____

Address: 1818 AUSTRALIAN AVE Ste 450

Address: _____

West Palm Beach, FL 33409

Name and Title: Robert DeFranco Vice President

Name and Title: _____

Address: 1818 AUSTRALIAN Ste 450

Address: _____

West Palm Beach, FL 33409

Name and Title: Lisa Williams Secretary/Treasurer

Name and Title: _____

Address: 1818 AUSTRALIAN Ste 450

Address: _____

West Palm Beach, FL 33409

(cont.)

FILED

Name and Title: Barry Scott Cohen
Address: 1818 AUSTRALIAN AVE Ste 450
West Palm Beach, FL 33409

Name and Title: 13 APR 26 PM 3:38

Address: SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

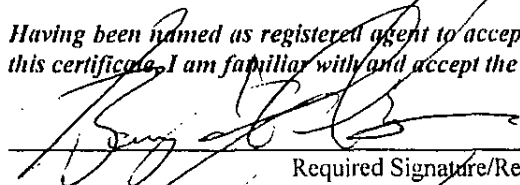
Name: James Deloghy
Address: 2855 PGA Blvd
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barry Scott Cohen
Address: 1818 AUSTRALIAN AVE Ste 450
West Palm Beach, FL 33409

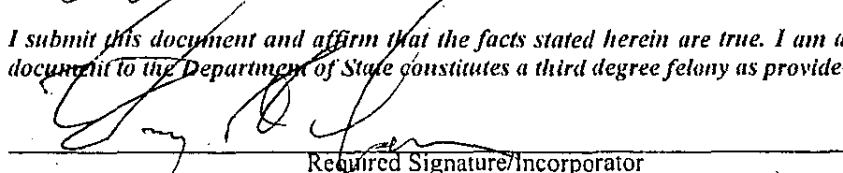
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/11/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

4/11/2013
Date