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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 934477 **AUTHORIZATION:** COST LIMIT : ORDER DATE: December 28, 2015 ORDER TIME: 12:46 PM ORDER NO. : 934477-010 CUSTOMER NO: 5174517 DOMESTIC FILING KENNETH J. COHEN, CPA, P.A. NAME: EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

1201 Hays Street

COVER LETTER

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

SUBJECT: Kenneth	J. Cohen, CPA, P.A.		
SOBJECT:	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL COPY REQUIRE	
			•
Iuli	ie M. Glaser-Greenberg Traurig LLI	>	
FROM:	•	e (Printed or typed)	
77.1	W Wacker Drive, Ste 3100		
		A 11	
		Address	
Chie	cago, Illinois 60601		
	City	, State & Zip	
312	-236-4765		
		Telephone number	
	•	retephone number	
glas	erj@gtlaw.com		
	E-mail address: (to be use	ed 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)

The name of the corpora		•		
ARTICLE II PRINCIPAL OFFICE Principal street address 1025 Kane Concourse, Suite 215		Mailing addr	Mailing address, if different is:	
Bay Harbour Islands, F	olorida 33154		<u></u>	
	the corporation is organized is:	se of the professional association	n shall be that of accounting	
and tax form preparation	on services and other matters with respect	inereio.		
• -				
	100			
ARTICLE IV SHAR The number of shares of ARTICLE V INITIA				
Name and Title	e:e	Name and Title:		
Address	1025 Kane Concourse, Suite 215	Address:		
	Bay Harbour Islands, FL 33154		2 E	
Name and Title	::	Name and Title:	***************************************	
Address		Address:		
Name and Title	:	Name and Title:		
Address		Address:		

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT		
The <u>name and I</u>	Clorida street address (P.O. Box NOT acceptable) of the	ne registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street		
	Tallahassee, FL 32301		
			Marie Company of the
ARTICI F VII	INCORPORATOR		14 42 THE TOTAL
7MTTCEE VII	THEOM OKATOR		egy in grand
The name and a	ddress of the Incorporator is:		
Name:	Julie Glaser-Greenberg Traurig LLP		
Address:	77 W Wacker Drive, Suite 3100		
	Chicago, Illinois 60601		¥
Effective date, is	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and cannot be		ys prior or 90 business
	e inserted in this block does not meet the applicable startfective date on the Department of State's records.	atutory filing requirements, this	date will not be listed as
this certificate, I	med as registered agent to accept service of process for am familiar with and accept the appointment as regist Service Company		
By:		Asst. Vice President	01/11/2016
<u> </u>	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are tri	ue. I am aware that the false i	nformation submitted in a
	Department of State constitutes a third degree felony of		
//,	. ////		118120110
Regi	ired Signature/Incorporator	-	Date
	o		