

P16000028017

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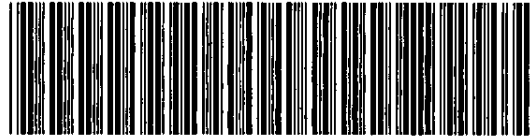
(Business Entity Name)

(Document Number)

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Department of State  
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Division of Corporations  
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SUBJECT: FLORIDA HURRICANE ATTORNEY, 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: Charles H. Cohen  
Name (Printed or typed)  
4300 NORTH UNIVERSITY DR #B200  
Address  
SUNRISE FL 33351  
City, State & Zip  
954 749 3330  
Daytime Telephone number  
CHARLES COHEN LAW @GMAIL.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)

**ARTICLE I NAME**

The name of the corporation shall be: FLORIDA HURRICANE ATTORNEY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4300 NORTH UNIVERSITY DR #B200  
SUNRISE FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO HANDLE HURRICANE  
CLAIMS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Charles H. Cohen, President

Address: 4300 N. UNIVERSITY DR  
SUITE B-200  
SUNRISE FL 33351

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

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

Name: Charles H. COHEN  
Address: 4300 N. University Drive, # B-200  
Sunrise FL 33351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles H. COHEN  
Address: 4300 N. University Drive, # B-200  
Sunrise, FL 33351


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3-22-16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3-22-16  
\_\_\_\_\_  
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

3-22-16  
\_\_\_\_\_  
Date