

P/7000022272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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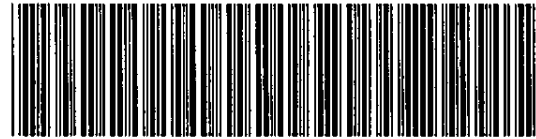
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/13/17

## COVER LETTER

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

**SUBJECT:** CALVIN COHEN 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** CALVIN COHEN

\_\_\_\_\_  
Name (Printed or typed)

5155 NW 43 CT

\_\_\_\_\_  
Address

FT LAUDERDALE, FL 33319

\_\_\_\_\_  
City, State & Zip

954 232 6568

\_\_\_\_\_  
Daytime Telephone number

calvincohen7@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: CALVIN COHEN INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5155 NW 43 CT

FT LAUDERDALE, FL 33319

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSTRUCTION CONTRACTOR

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CALVIN COHEN, PRES

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

Address 5155 NW 43 CT

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

FT LAUDERDALE, FL 33319

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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

**ARTICLE VI REGISTERED AGENT**

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

Name: CALCIN COHEN  
Address: 5155 NW 43 CT  
FT LAUDERDALE, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JT FISHERGROUP, INC  
Address: 2880 W OAKLAND PARK BLVD # 116  
OAKLAND PARK, FL 33311

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

C. Cohen 03-06-2017  
Required Signature/Registered Agent 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.*

[Signature] 03-06-2017  
Required Signature/Incorporator Date