

P1900005983

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190002051913)))



H190002051913ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GABRIELA COHEN, DDS, PA**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2019 JUL 17 PM 2:16

2019 JUL 17 AM 11:14

2019 JUL 17 AM 11:14

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 18 2019

To: 18506176381 From: 14694451465 Date: 07/17/19 Time: 10:20 AM Page: 02/04  
To: 12143174754 From: Restricted Date: 07/05/19 Time: 7:25 AM Page: 01  
850-617-6381 7/5/2019 10:25:22 AM PAGE 1/001 Fax Server



July 5, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALINC

SUBJECT: GABRIELA COHEN, DDS, PA  
REF: W19000061941

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H19000205191  
Letter Number: 519A00013578

((H19000205191 3)))

**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: GABRIELA COHEN, DDS, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19501 W. COUNTRY CLUB DRIVE, APT. 1915

SAME

AVENTURA, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PRACTICE OF DENTISTRY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: GABRIELA COHEN, PRESIDENT

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

Address: 19501 W. COUNTRY CLUB DRIVE

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

APT. 1915

AVENTURA, FL 33180

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

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

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

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

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

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

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

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

((H19000205191 3)))

((H19000205191 3)))

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: GABRIELA COHEN  
Address: 19501 W. COUNTRY CLUB DR., #1915  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: GABRIELA COHEN  
Address: 19501 W. COUNTRY CLUB DR., #1915  
AVENTURA, FL 33180

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JULY 1, 2019. (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*

✓ Gabriela Cohen W 07/03/19  
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.*

✓ Gabriela Cohen W 07/03/19  
Required Signature/Incorporator Date

((H19000205191 3)))