

P19000067356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2019

SHARI B COHEN, LLC  
2255 GLADES ROAD SUITE 324A  
BOCA RATON, FL 33431

SUBJECT: SHARI B. COHEN, LLC  
Ref. Number: L18000150952

We have received your document for SHARI B. COHEN, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 019A00013821

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2019

SHARI B. COHEN, LLC  
2255 GLADES ROAD SUITE 324A  
BOCA RATON, FL 33431

SUBJECT: SHARI B. COHEN, LLC  
Ref. Number: L18000150952

We have received your document for SHARI B. COHEN, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not convert the business from LLC to Corp or PA by filing amendment application. You need to complete conversion application.

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 919A00015510

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section  
Division of Corporations

CHANGE FROM  
SHARI B. COHEN, LLC to

SUBJECT: SHARI COHEN, PA  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

SHARI COHEN

Contact Person

SHARI COHEN

Firm/Company

17248 NORTHWAY CIRCLE

Address

BOCA RATON, FL 33496

City, State and Zip Code

shari@sbcohenestatelaw.com

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

For further information concerning this matter, please call:

SHARI COHEN at 561 308-2281 (Cell)

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees  
☐ \$113.75 Filing Fees and Certificate of Status  
☐ \$113.75 Filing Fees and Certified Copy  
☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Already pa  
\$52.50

STREET ADDRESS:

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

122.50  
- 52.50  
\$70.00

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SECRETARY  
TALLAHASSEE, FL 32301

L18-15090

Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SHARI B. COHEN, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/18/2018  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

\_\_\_\_\_

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

SHARI COHEN, PA

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 6/18/2018.  
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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Signed this 6 day of AUGUST, 20 19

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Shari B. Cohen

Printed Name: SHARI B. COHEN Title: MANAGER/OWNER

**Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Shari B. Cohen

Printed Name: SHARI B. COHEN Title: MANAGER/OWNER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

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: SHARI COHEN, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

17248 NORTHWAY CIRCLE  
BOCA RATON, FL 33496

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PRACTICE LAW IN THE STATE OF  
FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: SHARI COHEN Name and Title: Pres.

Address: 17248 NORTHWAY CIRCLE Address: \_\_\_\_\_  
BOCA RATON, FL 33496

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: SHARI B. COHEN  
Address: 17248 NORTHWAY CIRCLE  
BOCA RATON, FL 33496

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SAME AS ABOVE  
Address: \_\_\_\_\_

\*\*\*\*\*  
*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*

Shari B. Cohen 8/6/2019  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Shari B. Cohen 8/6/2019  
Required Signature Incorporator Date

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