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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

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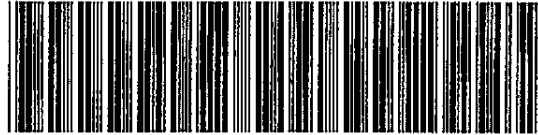
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FOR NON
Profit

alt name

Office Use Only

W05-25810



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M. RODGERS

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05 AUG 15 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOUSE OF DAVID, INC.

"Forsake me not in my old age"

Stanley J. Abrams
President

July 18th, 2005

Registration Section,
Division of Corporations.

Dear Sirs,


Re: Registration of Foreign Corporation

Enclosed please find:

- (i) Transmittal letter
- (ii) Application for Authorization
- (iii) Certified Certificate of Existence
- (iv) Check for \$ 87.50 (Filing Fee)

Please process at your earliest convenience.
If there are any problems please contact me
by: e-mail: stanley.abrams2@verizon.net
fax: 732-422-6317
phone: 732-297-7336

Thank You,


STANLEY J. ABRAMS
PRESIDENT.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOUSE OF DAVID
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

STANLEY J. ABRAMS
(Name of Person)

HOUSE OF DAVID, INC.
(Firm/Company)

30 SAPPHIRE LAKE
(Address)

FRANKLIN PARK, N.J. 08823
(City/State and Zip Code)

For further information concerning this matter, please call:

STANLEY J. ABRAMS at (732) 297-7336
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

STANLEY J. ABRAMS
HOUSE OF DAVID, INC.
30 SAPPHIRE LANE
FRANKLIN PARK, NJ 08823

SUBJECT: HOUSE OF DAVID, INC.
Ref. Number: W05000035810

We have received your document for HOUSE OF DAVID, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6967.

Michelle Hodges

Document Specialist

Letter Number: 605A00049111

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. HOUSE OF DAVID, INC. / ANIEZER GERIATRIC CORP.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. EIN 20-1796646 (FEDERAL)
(FEI number, if applicable)
4. OCTOBER 13, 2004
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. NOT YET COMMENCED
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 30 SAPPHIRE LANE, FRANKLIN PARK, NJ. 08823-
(Principal office address)
30 SAPPHIRE LANE, FRANKLIN PARK, NJ. 08823
(Current mailing address)
8. FUNDRAISING FOR ELDERLY IN GERIATRIC CENTERS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: ERIC YANKWITT
Office Address: 500 SE 17TH STREET, SUITE 220
FORT LAUDERDALE, Florida 33316
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10. Registered Agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered Agent's signature)

*11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: STANLEY JOHN ABRAMS
Address: 30 SAPPHIRE LAKE, FRANKLIN PARK, NJ, 08823

Vice Chairman: ZISLA ABRAMS
Address: 30 SAPPHIRE LAKE, FRANKLIN PARK, NJ, 08823

Director: ARNON HOTER-ISHAY
Address: "THE TOWER", 3 DANIEL FRISCH STREET
TEL AVIV, 64731, ISRAEL

Director: TAL HOTER-ISHAY
Address: "THE TOWER", 3. DANIEL FRISCH STREET
TEL AVIV, 64731, ISRAEL

B. OFFICERS

President: STANLEY J. ABRAMS
Address: 30 SAPPHIRE LAKE, FRANKLIN PARK, NJ, 08823

Vice President: _____

Address: _____

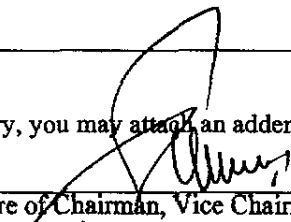
Secretary: ZISLA ABRAMS

Address: 30 SAPPHIRE LAKE, FRANKLIN PARK, NJ, 08823

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STANLEY J. ABRAMS - PRESIDENT
(Typed or printed name and capacity of person signing application)

Delaware

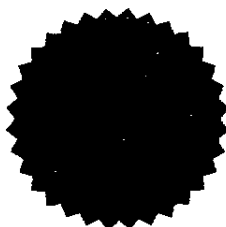
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOUSE OF DAVID, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOUSE OF DAVID, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3867316 8300

AUTHENTICATION: 4074143

050648608

DATE: 08-05-05