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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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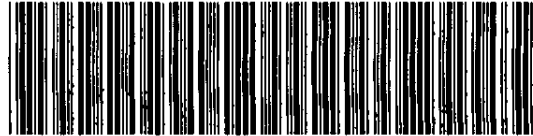
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sons of Israel Senior Citizens Housing, Inc  
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", or "Certificate of Status" 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:

Samuel Z. Brown, Esq.  
Name of Person

The Brown Law Firm  
Firm/Company

450 West Kennedy Blvd.  
Address

Lakewood, NJ 08701  
City/State and Zip Code

nicole@sambrownlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Fortino at ( 732 ) 370-3000  
Name of Person Area Code Daytime Telephone Number

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**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. Sons of Israel Senior Citizens Housing, Inc.  
(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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-2259787  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 26, 1979 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1660 Lexington Avenue, Lakewood, NJ 08701  
(Principal office address)

500 Clifton Avenue, Lakewood, NJ 08701  
(Current mailing address, if different)

8. Charitable - educational religious purposes  
(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)

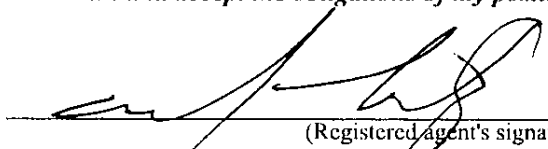
Name: Michael Lutz

Office Address: 7047 San Sebastian Circle  
Boca Raton, Florida 33433  
(City) (Zip Code)

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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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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B. OFFICERS/Trustees

~~Trustee~~ President: Eli Glass

Address: 500 Clifton Avenue, Lakewood, NJ. 08701

~~Trustee~~ Vice President: Michael Lutz

Address: 500 Clifton Avenue, Lakewood, N.J. 08701

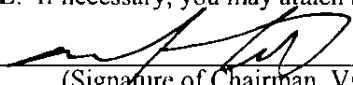
~~Trustee~~ Secretary: Eugene Zave/off

Address: 500 Clifton Avenue, Lakewood, N.J. 08701

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. Michael Lutz Trustee \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

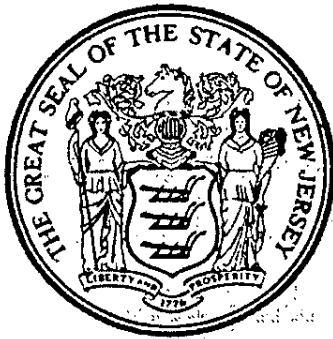
**SONS OF ISRAEL SENIOR CITIZENS HOUSING, INC.  
0100086332**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on April 26, 1979.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2016*

*I further certify that the registered agent and office are:*

**MARK HILDEBRANDT, PRES/CEO PRUDENT  
PROPERTY MANAGE  
500 CLIFTON AVENUE  
LAKEWOOD, NJ 08701**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
25th day of May, 2016*

*Ford M. Scudder*

**Ford M. Scudder  
Acting State Treasurer**

**Certificate Number : 6071836808**

**Verify this certificate online at**

**[https://www1.state.nj.us/TYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp)**