## N1300000006

(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

SUBJECT: Chai Care, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

□\$78.75 Filing Fee ■ \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jill R. Ginsberg

Name (Printed or typed)

401 East Las Olas Blvd., Suite 1400

Address

Fort Lauderdale, FL 33301

City, State & Zip

(954) 322-2310

Daytime Telephone number

ginzotax@att.net

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

NOTE: Please provide the original and one copy of the articles.

•	ARTICLES OF IN		
		1 017, 1 .5., (1101	
ARTICLE I	NAME Chai Caro Inc		FILED
i ne name of the c	corporation shall be: Chai Care, Inc.		12 DEC 31 PH 12: 44
ARTICLE II	PRINCIPAL OFFICE		· ·
	Principal street address		Mailing address, if different is:
	5890 Pine Island Road	_	- IALLAHASSEE, FLORIDA
	Davie, FL 33328	_ _	
ARTICLE III	PURPOSE		
The purpose for v	which the corporation is organized is:		
`Please see a	attached		
ARTICLE IV	MANNER OF ELECTION The manner in	which the directo	ors are elected and appointed: The Board of Directors
	a committee made up of the Jewish Communit		
	•		
Name and T	INITIAL OFFICERS AND/OR DIRECTO  Title: Alan Cohn		e: Keith Goldmann
Address:	8800 North Lake Dasha Drive	_ Name and Thi	5890 South Pine Island Road
71441055.	Plantation, FL 33324		Davie, FL 33328
		<del>-</del>	
Name and T	Γit[e: Jill R. Ginsberg	Name and Titl	le: Gina Shull
Address:	401 East Las Olas Blvd., Suite 1400	_ Name and Thi Address:	5618 Oakmont Avenue
7 tdd1€33.	Fort Lauderdale, FL 33301	/tdd/css.	Fort Lauderdale, FL 33312
		<b></b>	,
		<del></del>	
Name and T	Title: Jeffrey Saster	Name and Titl	le:
Address:	2621 Oakbrook Lane	_ Address:	
	Weston, FL 33332		
		_	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered a	gent is:
Name:	Jill R. Ginsberg	_	
Address:	401 East Las Olas Blvd., Suite 1400 Fort Lauderdale, FL 33301	_	
	ruit Eaddeldaie, FE 33301	<del>-</del>	
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
Name:	Jill R. Ginsberg	_	
Address:	401 East Las Olas Blvd., Suite 1400	<u></u>	
	Fort Lauderdale, FL 33301	<del></del>	
	ned as registered agent to accept service of proc amiliar with and agcept th <del>e appointment a</del> s registe		s stated corporation at the place designated in this gree to act in this capacity
			17 76-7-17
	Photos Signature SD		12-28-2012 Date
	Required Signature of Registered Agent		Date
I submit this doc	ument and affirm that the facts stated forein are t	rue. I am aware i	that any false information submitted in a documen
to the Departmen	it of State constitutes a third degree felony as provi	ided for in s.817.	155, F.S.
		<i>.</i> 	1 <u>2-28-2012</u> Date
	Required Signature of Incorporator		Date

Chai Care, Inc. – Attachments Article III – Purpose

Chai Care; Inc. has been organized exclusively for charitable and religious purposes within the meaning of IRC 501(c)(3). Our goal is to provide a caring, supportive, advocacy network for financially independent individuals who do not have family or a support network able to help them adjust to changes in their lives and cope with issues and problems that arise as they age. To provide an individualized, personal plan that will strengthen the donor's quality of life with dignity. Offer peace of mind to the donor and facilitate the donor's independence for as long as possible, without jeopardizing their health and safety. Also to proactively assess, advocate and coordinate a donor's personal healthcare, safety and social needs.