

**N20000009898**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

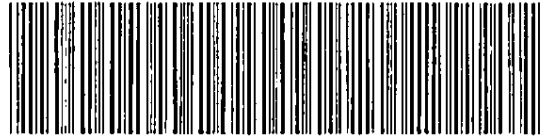
(Business Entity Name)

(Document Number)

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

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2020 SEP -1 AM 8: 27  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/01/2020

Name: Chris Vick

Reference #: 1258737

Entity Name: HATZALAH OF ORLANDO, INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

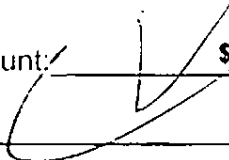
Merger

Dissolution/Withdrawal

Fictitious Name

Other CERTIFIED COPY UPON FILING

Authorized Amount: \$78.75

Signature: 

**CORPORATE HQ**  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

**EUROPEAN HQ**  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #3210717  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

**ASIA PACIFIC HQ**  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

**COVER LETTER**

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

**SUBJECT:** HATZALAH OF ORLANDO, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** NYISHA SHAKUR  
\_\_\_\_\_  
Name (Printed or typed)

MINTZ, LEVIN; 666 THIRD AVENUE  
\_\_\_\_\_  
Address

NEW YORK, NY 10017  
\_\_\_\_\_  
City, State & Zip

212-692-6728  
\_\_\_\_\_  
Daytime Telephone number

nshakur@mintz.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2020

COGENCY

SUBJECT: HATZALAH OF ORLANDO, INC.  
Ref. Number: W20000096848

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

The registered agent must sign accepting the designation.

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

Letter Number: 420A00016522

RECEIVED  
2020 SEP -1 PM 12:41  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

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2020 SEP -1 AM 8: 27

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I. NAME

The name of the corporation shall be: HATZALAH OF ORLANDO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1070 McDONALD AVENUE  
BROOKLYN, NY 11230-2600

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: VOLUNTEER FIRST RESPONDER AND AMBULANCE SERVICE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Written Consent

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isaac Stern, Director and President

Address: 1407 48th STREET  
BROOKLYN, NY 11219

Name and Title: Jeffrey Moerdler, Director

Address: c/o MINTZ, LEVIN  
666 THIRD AVENUE  
NEW YORK, NY 10017

Name and Title: Zelig Gitelis, Director, VP, Treasurer

Address: 1319 E. 26th STREET  
BROOKLYN, NY 11210

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

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

Name and Title: David W. Shipper, Director

Address: 201 EAST 69th STREET  
NEW YORK, NY 10021

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

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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: COGENCY GLOBAL INC.  
 Address: 115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NYISHA SHAKUR  
 Address: c/o MINTZ, LEVIN; 666 THIRD AVENUE  
NEW YORK, NY 10017

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Is/ ERIC HOOD, Assistant Secretary

8/26/20

Required Signature of 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.*

*Nyisha Shakur*  
 Required Signature of Incorporator

8/21/20

Date