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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION
JEFFREY C. ISAACS INC.

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$70.00).

21 JAN -6 PM 12:1\*

2021 JAN -6 PM 3:20

J DENNIS
JAN 07 2021

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**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: JEFFREY C. ISAACS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2594 NW 53<sup>RD</sup> ST.

BOCA RATON, FL 33496

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide labor relations consulting services

21 JAN 6 PM 12:19

**ARTICLE IV SHARES**

The number of shares of stock is 200 SHARES NO PAR VALUE

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

Name and Title: JEFFREY C. ISAACS, PRES. Name and Title: \_\_\_\_\_

Address 2594 NW 53<sup>RD</sup> ST.  
BOCA RATON, FL 33496

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

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

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

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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: Jeffrey C. Isaacs  
 Address: 2594 NW 53rd ST.  
BOCA RATON, FL 33496

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Matteotti  
 Address: 180 Phillips Hill Rd., Ste 3A  
New City, NY 10956

**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 on 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X Jeffrey C. Isaacs \_\_\_\_\_ 1/5/21  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

X James Matteotti \_\_\_\_\_ 1/5/21  
 Required Signature/Incorporator Date

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