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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
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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.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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 OFFICEPrincipal ~~street~~ address2594 NW 53RD ST.BOCA RATON, FL 33496

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: To provide labor relations consulting services**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 53RD 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 AGENTThe 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 INCORPORATORThe 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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