

F06000000880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

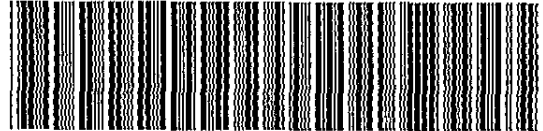
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600065338426

02/08/06--01044--001 **78.75

FILED
06 FEB -8 PM 1:30
NOTARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 14 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Horizons, Bais Achiezer, 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", 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:

Rabbi David Jacobs
(Name of Person)

Horizons, Bais Achiezer, Inc.
(Firm/Company)

29 W. Maple Avenue
(Address)

Monsey, NY 10952
(City/State and Zip Code)

For further information concerning this matter, please call:

David Jacobs at (845) 425 3863 x2
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET/COURIER ADDRESS:
New Filing 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. Horizons, Bais Achiezer, 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.)
2. New York
(State or country under the law of which it is incorporated)
3. _____
(FBI number, if applicable)
4. 5/10/99
(Date of incorporation)
5. "Perpetual"
(Duration: Year corp. will cease to exist or "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. 29 West Maple Avenue, Monsey, NY 10952
(Principal office address)
- _____ Same _____
(Current mailing address)

8. Religious Educational
(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: Aaron Kaplan

Office Address: 17840 NE 9th Place

North Miami Beach, Florida 33162
(City) (Zip Code)

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.

Aaron Kaplan
(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.

FILED
06 FEB -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
06 FEB - 8 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Rabbi Leib Tropper

Address: 84 Grove Street

Monsey, NY 10952

Vice President: Rabbi David Jacobs

Address: 19 Manchester Drive

New Hempstead, NY 10977

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

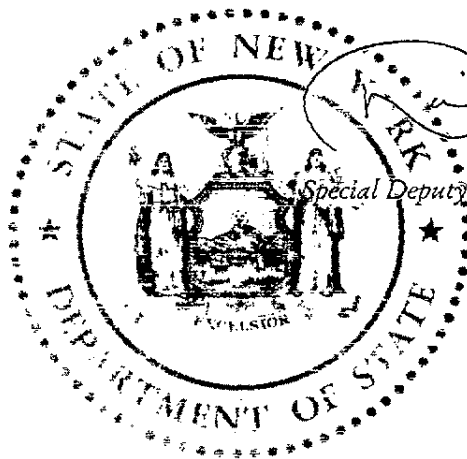
13. David Jacobs
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID JACOBS
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HORIZONS, BAIS ACHIEZER, INC. was filed on 05/10/1999, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of January two
thousand and six.*



Special Deputy Secretary of State

200601270226 63

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB - 8 PM 1:30

FILED