

102473

Domestic Corporation

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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 : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 OCT 24 AM 11:25  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:\*\*

Email Address: sa@vcorp-services.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
ASSOCIATION FOR HEBRAIC STUDIES OHR REUVEN

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

and 10/25

**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:*

FILED  
OCT 25  
AM 11:25  
STATE OF FLORIDA  
SECRETARY OF STATE

1. Association for Hebraic Studies Ohr Reuven 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 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/10/2002 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1301 & 617.1502, F.S. to determine penalty liability.)

7. 259 Grandview Ave., Suffern, NY 10901  
(Principal office address)

259 Grandview Ave., Suffern, NY 10901  
(Current mailing address)

8. Religious Education  
(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: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie Florida 33314  
(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.*

Beama Soufer  
(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.

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

A. DIRECTORS

Chairman: Robert Frankel

Address: 2 Judith Lane

Monsey, NY 10952

Vice Chairman: Steven Gottlieb

Address: 115 West Carlton Road

Monsey, NY 10952

Director: Moshe Deutsch

Address: 14 Judith Lane

Monsey, NY 10952

Director: \_\_\_\_\_

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

B. OFFICERS

President: Robert Frankel

Address: 2 Judith Lane

Monsey, NY 10952

Vice President: Steven Gottlieb

Address: 115 West Carlton Road

Monsey, NY 10952

Secretary: Moshe Deutsch

Address: 14 Judith Lane, Monsey, NY 10952

Treasurer: \_\_\_\_\_

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

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

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

14. Robert Frankel, President  
(Typed or printed name and capacity of person signing application)

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13 OCT 24 AM 11:25  
SUPPORTS FOR STATE  
TALLAHASSEE FLORIDA



**COUNTY OF ROCKLAND  
OFFICE OF THE COUNTY CLERK**

1 SOUTH MAIN STREET - SUITE 100  
NEW CITY, NEW YORK 10956-3549

Phone # (845) 638-3070

Fax # (845) 638-5647

E-Mail: [piperatp@co.rockland.ny.us](mailto:piperatp@co.rockland.ny.us)

Website: [rocklandcountyclerk.com](http://rocklandcountyclerk.com)

**PAUL PIPERATO**  
County Clerk

Deputy County Clerks  
**DONNA GORMAN SILBERMAN**  
**JAMIE MARAIA GRAHAM**  
**JOHN O'CONNELL**

FILED  
13 OCT 24 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE**

I, **PAUL PIPERATO**, County Clerk of the County of Rockland and also the County Clerk of the County Court of said County and also the County Clerk of the Supreme Court of said State,

Do hereby certify that I have searched the religious corporations records in this office and found **ASSOCIATION FOR HEBRAIC STUDIES OHR REUVEN** was filed on 4/10/2002 and that this corporation has not been discontinued or dissolved.

In witness whereof, I have hereunto set my hand and affixed the seal of said county, this 24TH of OCTOBER in the year 2013

Very Truly Yours,

  
Paul Piperato  
Rockland County Clerk

By: \_\_\_\_\_  
Deputy County Clerk