

11/12/21, 3:12 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

2021 NOV 12 AM 10:43
TALLAHASSEE, FL

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2021 NOV 12 PM 4:39

TALLAHASSEE, FL

FOREIGN PROFIT/NONPROFIT CORPORATION**Israelite School of Universal Practical Knowledge (I.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS**NOV 12 2021**

Order # 70045874

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Israelite School of Universal Practical Knowledge (I.S.U.P.K.)
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", or "Certificate of Status" 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

CUSTOMER EMAIL

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

at (800)

Area Code

773-0888

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Israelite School of Universal Practical Knowledge (I.S.U.P.K.)
 (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.)
Israelite School of Universal Practical Knowledge (I.S.U.P.K.) Inc.
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 59-3838518
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/26/2007 5. _____
 (Date of Incorporation) (Date of duration, if other than 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. 1628 Ave E Riviera Beach, FL 33404
 (Principal office street address)

 (Current mailing address, if different)
8. Church
 (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: Herbert Lindsey
 Office Address: 1628 Ave E
Riviera Beach, Florida 33404
 (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.


 (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.

2021 NOV 12 AM 10:43
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Herbert Lindsey
☐ Vice Chairman Address: 1628 Ave E
☐ Director Riviera Beach, FL 33404
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Tuboreesee Saffold
☐ Vice Chairman Address: 1628 Ave E
☐ Director Riviera Beach, FL 33404
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Herbert Lindsey, do hereby certify
(Name)

that this Resolution of the Board of Directors of Israelite School of Universal Pratical Knowledge (I.S.U.P.K.)

(Name of Corporation)

a corporation duly organized and existing under the laws of Pennsylvania,
(State or Country)

was adopted on 10/07/2021, adopting the alternate

name of Israelite School of Universal Pratical Knowledge (I.S.U.P.K.) Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 10-10-21

[Signature]
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

President

Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/12/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Israelite School of Universal Practical Knowledge (I.S.U.P.K.)

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, appearing to read "Veronica W. Degroot".

Veronica W. Degroot
Acting Secretary of the Commonwealth

Certification Number: TSC211012151606-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>