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(Address)

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(City/State/Zip/Phone #)

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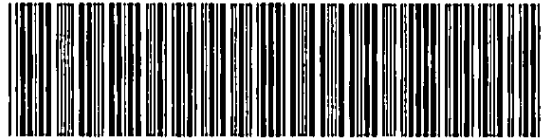
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATION OF CHEVROS KADISHA, 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", 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:

IRA WASSER

Name of Person

WASSER, BRETTLER, KLAR & LIPSTEIN, CPAs LLP

Firm/Company

39 BROADWAY

SUITE 640

Address

NEW YORK, NY 10006

City/State and Zip Code

YWASSER@WBKLCPA.NET

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

For further information concerning this matter, please call:

IRA WASSER

Name of Person

at (201)

Area Code

401-7780

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. ASSOCIATION OF CHEVROS KADISHA, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 11-3364887

(FEI number, if applicable)

4. 09/17/1996

(Date of Incorporation)

5.

(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. C/O ZOHN, 85-18 117TH STREET, RICHMOND HILL, NY, UNITED STATES, 11418

(Principal office street address)

N/A

(Current mailing address, if different)

8. TO FORM A UNITED AND COHESIVE GROUP OF JEWISH BURIAL SOCIETIES IN THE UNITED STATES

(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: Jay Lyons

Office Address: 6081 S. Congress Avenue

Lake Worth

(City)

, Florida

33462

(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.

Jay Lyons

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Elchonon Zohn
☐ Vice Chairman Address: 85-18 117th Street
☐ Director Richmond Hill, NY 11418
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kalman Bauman
☐ Vice Chairman Address: _____
☐ Director 4390 N. Michigan Ave
☐ President N. Miami Beach, Florida
☒ Vice President 3314G
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Michelle Kirschner
☐ Vice Chairman Address: _____
☐ Director 2182 Blue Grass Lane
☐ President Cincinnati, OH
☐ Vice President 45237
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Avi Laub
☐ Vice Chairman Address: _____
☐ Director 184 S. Livingston Ave
☐ President Suite 132
☒ Vice President Livingston, NJ 07039
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Richard Miller
☐ Vice Chairman Address: _____
☐ Director 410 Elm Street
☐ President West Hempstead, NY
☐ Vice President 11552
☐ 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. Elchonon Zohn
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Elchonon Zohn
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ASSOCIATION OF CHEVROS KADISHA, INC.
DOS ID Number: 2066771
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 09/17/1996

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on February 03, 2022 at 10:12 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100001021648 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>