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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MREI YITZCHAK INC.

Name of Corporation - must include suffix

Dear Sir or Madam:

an an the state of the state of

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:

DOUGLAS D. STRATTON

7

Name of Person	
LAW OFFICE OF DOUGLAS D. STRATTON, P.A.	
Firm/Company	
407 Lincoln Road, Suite 2A	
Address	2622.
Miami Beach, Florida 33139	
City/State and Zip Code	-
douglas@srlawfirm.com	PH 7: 1:2
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	10
DOUGLAD D. STRATTON 305 672-7772 at ()	
Name of Person Area Code Daytime Telephone Number	er

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 \$\Box \$\frac{1}{2}\$70.00 Filing Fee \Box \$\Box \$\frac{1}{2}\$78.75 Filing Fee \Box \$\Box \$\Bo

\$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:

			r "CORPORATION" or words or abbreviat cad of a natural person or partnership if not porate suffix by a nonprofit corporation.)	
(If name unav	vailable in Florida, enter alternate corpor	rate name adop	ted for the purpose of transacting business	in Florida)
NEW YORK		3.		
(State or co	antry under the law of which it is incorpo	orated)	(FEI number, if applicable)	
NOVEMBER	22, 2011 Date of Incorporation)	5		
(Date of Incorporation)		(Date of duration, if other than perpet	ual)
(Date first con	ducted affairs in Florida if prior to registration	tion. See section	ns 617.1501 & 617.1502, F.S, to determine p	enaliv liability
	REET, BROOKLYN, NY 11219			
1107 - 40 51	VGC1, DROOKLITIN, NY 11219			
		ipal office stru	et address)	
1107 - 40 51		ipal office <u>stri</u>	<u>ret</u> address)	 ری
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	(Princ (Current	mailing addres	is, if different)	2:17
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TO OWN RE (Purpose(s) of Name and <u>sti</u> Name:	(Prine (Current AL PROPERTY - SEE ARTICLES AT corporation authorized in home state or rect address of Florida registered age DOUGLAS D. STRATTON 407 LINCOLN ROAD SUITE 2A	mailing addres TACHED 4(b) country to be o	earried out in the state of Florida) <u>NOT</u> acceptable)	

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.



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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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:	Iszchak Schwartz	Chairman	Name:	Joseph Markowitz
Vice Chairman	Address:	1249 - 44 St., Brooklyn, NY 11219	□Vice Chairman	Address: _	9 Sunrise Dr., Monsey, NY 10952
Director			Director		
President					
□Vice President		<u>-</u> .	Uvice President		
Secretary			Secretary		Treasurer
DOther:		□ Other:	Other:		Other:
Chairman	Name:	Sal Rosen		Name:	
□yice Chairman	Address: _	1250 - 44 St., Brooklyn, NY 11219	□Vice Chairman	Address: _	26
Director			Director		
□ President			President		<u> </u>
□Vice President		·	□ Vice President		P
Secretary			Secretary		
□Other:		□ Other:	Other:		Other:
DChairman 🗆	Name:		Chairman	Name:	
□Vice Chairman	Address: _		□Vice Chairman	Address: _	
Director	·		Director		
President					
□Vice President			□Vice President		
Secretary					
		Other:	Other:		Other:
Non-indexed indiv	(Signature	of Chairman, Vice Chairman, or ar SCHWARTZ yped or printed name and capacity	your Florida Department on officer listed in number	of State And	nual Report form.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, 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: DOS ID Number: Entity Type: Entity Status: Date of Initial Filing with DOS: IMRELYITZCHAK INC. 4168703 DOMESTIC NOT-FOR-PROFIT CORPORATION EXISTING 11/22/2011

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



n, business activity or practices of this entity. WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 22, 2022 at 12:55 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughas

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002063129 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>