

**F220000354839**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

11:29 AM 10/24/2022

**FOREIGN PROFIT/NONPROFIT CORPORATION  
SENIOR COMMUNITY SERVICES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
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**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. **SENIOR COMMUNITY SERVICES, 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.)

SENIOR COMMUNITY SERVICES SOUTH, INC.

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

2. **NEW JERSEY**

(State or country under the law of which it is incorporated) 3. \_\_\_\_\_ (FEI number, if applicable)

4. 10/14/2014

(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. 100 BOULEVARD OF THE AMERICAS, LAKEWOOD, NJ 08701

(Principal office street address)

\_\_\_\_\_ (Current mailing address, if different)

## 8. Operating and maintaining a supplemental needs trust open to all persons with a disability.

(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: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301  
(City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

2022 OCT 24 AM

## 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.*

Naomi Ostatapowitz, Assistant Secretary on behalf of Registered Agent Solutions, Inc.

(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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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: Yitzchok Itzkowitz  
 Vice Chairman Address: 100 Boulevard of the Americas  
 Director Lakewood, NJ 08701  
 President   
 Vice President   
 Secretary  Treasurer  
 Other TRUSTEE  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:   
 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:   
 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. Yitzchok Itzkowitz

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

14. Yitzchok Itzkowitz

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

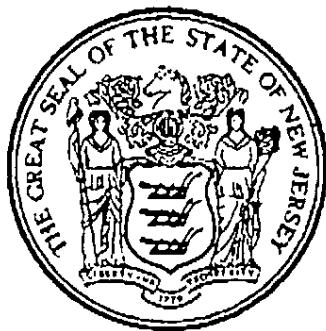
SENIOR COMMUNITY SERVICES, INC.  
0101034142

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on October 01, 2014.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

ISAAC ITZKOWITZ  
100 BOULEVARD OF THE AMERICAS  
LAKEWOOD, NJ 08701



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of October, 2022.*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

Certificate Number 6136752832

Verify this certificate online at

[https://www.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)