N04000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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400025935034

01/02/04--01003--015 **78.75

FILED
04 JAN -2 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/02/04

mbl

TRANSMITTAL LETTER

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

SUBJECT: IRGUN HASHOMERIM INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

400025935034
01/02/04--01003--015 **78.75

N04 00000018

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee	☒ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Rabbi MICHAEL GAYON
Name (Printed or typed)

3300 NE 191ST ST #202
Address

Aventura FL 33180
City, State & Zip

305 467 1889
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

IRGUN HASHOMERIM INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3300 NE 191ST ST
SUITE # 202 AVENTURA FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON PROFIT SOCIAL SERVICES AGENCY &

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

4 YEAR TERMS BY MAJORITY VOTE OF
ALL MEMBERS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

MS JOY LANGGLE GAYON PRESIDENT SEE OFFICE
RABBI MICHAEL AARON GAYON CEO SEE OFFICE
RABBI DAVID COHEN SEC SEE OFFICE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** of the registered agent is:

RABBI MICHAEL AARON GAYON
3300 NE 191ST ST # 202
AVENTURA FL 33180

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

RABBI MICHAEL AARON GAYON
3300 NE 191ST ST # 202
AVENTURA FL 33180

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Jo'12 fc SKH'N 27 — Signature/Registered Agent — 31 DEC 03 — Date

Jo'12 fc SKH'N 27 — Signature/Incorporator — 31 DEC 03 — Date