

N040000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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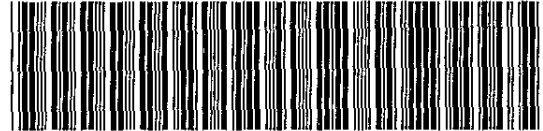
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

Not 000000018

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)

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 COTTEN	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.

Signature/Registered Agent

Jo'12/c SKH'N 27

Date

31 DEC 03

Signature/Incorporator

Jo'12/c SKH'N 27

Date

31 DEC 03

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