

N120000005409

Florida Department of State
Division of Corporations
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RESUBMIT

Please give original submission date as file date.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
OPERATION CHUPPAH, INC.**

Certificate of Status	0
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Page Count	XX 03
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12 MAY -1 AM 11:01
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May 17, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: OPERATION CHUPPAH, INC.
REF: W12000027461

RESUBMIT

Please give original
submission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000121290
Letter Number: 212A00014583



May 2, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: OPERATION CHUPPAH, INC.
REF: W12000024183

RESUBMIT

Please give original
submission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H12000121290
Letter Number: 912A00013231

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12 MAY -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF INCORPORATION**

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

ARTICLE I NAME

OPERATION CHUPPAH, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address
1140 Kane Concourse
3rd FL
Bay Harbor, FL 33154

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing plastic surgery to less fortunate singles who are trying to get married and cannot afford the service.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As provided for in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Rosy J. Zion, DirectorAddress: 1140 Kane Concourse3rd FLBay Harbor, FL 33154Name and Title: Eva Z. Salzhauer, DirectorAddress: 1140 Kane Concourse3rd FLBay Harbor, FL 33154Name and Title: Michael A. Salzhauer, DirectorAddress: 1140 Kane Concourse3rd FLBay Harbor, FL 33154

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Corporation Service CompanyAddress: 1201 Hays StreetTallahassee, FL 32301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Rosy J. ZionAddress: 1140 Kane Concourse3rd FLBay Harbor, FL 33154

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

Corporation Service Company

By: _____

Required Signature of Registered Agent

04/23/2012

Date

Becky Peirce, Asst. Vice-President

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rosy J. Zion

Required Signature of Incorporator

4/23/2012
Date