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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

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

SUBJECT:	DAUGHTERS OF RIGHTEOUS NESS, INC.			
_	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			

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

\$87.50 Filing Fee,

Filing Fee
& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

DIANA LEVINE

Name (Printed or typed) 2420 WILD WOOD DRIVE MELBOURNE FL 32935 321 - 242 - 9499 Daytime Telephone number GERTOUG CAOL. COM

E-mail address: (to be used for future annual report notification)

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 The name of the co	NAME rporation shall be: DAUG-	HTERS OF F	RECRETAGY THIS: 58
ARTICLE II	PRINCIPAL OFFICE		13 JUN 21 PM 12
ŀ	Principal street address:		SECRETARY OF STATE FLORIDA
M	ELBOURNE, FL	32935	
ARTICLE III	PURPOSE	= FV(USIV	ELY AND CHARITABLE
			VITHIN THE MEANING OF
			AL REVENUE CODES
	,,		LIMITED TO THE FOLLOWING,
			CLAND AND PEOPLE OF ISRAEL AS
			THE LAND AND PEOPLE OF
	•		IVE RIGHTEOUS LIVES -
	·	\	
			ne directors are elected and appointed: THE BOARD OF
BY THE 1	NCORPORATOR, AFTE	or which Th	ME ADDITIONAL DIRECTORS WILL B LECTED BY A SIMPLE MAJURITY OF THE BOARD.
Name and Title:	RACQUEL KLUGE	Name and Title	e: DIANA LEVING
Address 2	2231 THREE RIVERS	DR. Address:	2420 WILD WOOD DR.
	ORLANDO, FL 32	828	MELBOURNE, FL 32935
			e: CHARES KLUGE
Address 2	420 WILD WOOD D MELBOURNE, FL 3.	Address:	2231 THREE RIVERS DR.
	MELBOURNE, FL 3	2935	ORLANDO, FL 32828
Name and Title:		Name and Title	e:
Address		Address:	

Name and Title:					
Address		Address:	13 JUN 21	M12: 58	
			SECRETAR TALLAHASS	Y UF STATE EE FLORIDA	
Name and Title:		Name and Title:			
Address		Address:			
					
	REGISTERED AGENT ida street address (P.O. Box NOT accep	table) of the registered	agent is:		
Name:	ALAN LEVINE	more) of the registered	ingent is.		
Address:	MELBOURNE, FL 3	DR.			
	MELBOURNE, FL :	32935			
ARTICLE VII	INCORPORATOR				
The <u>name and add</u>	ress of the Incorporator is:				
Name:	DIANA LEVINE				
Address:	MELIBOURNE, FL	OD DR.			
	MELIBOURNE, FL	- 32935			
Having been name	d as registered agent to accept service o	of process for the abo	ve stated corporation	n at the place design	ated in this
certificate, I am fai	niliar with and accept the appointment as	registered agent and	agree to act in this c	apacity	
				6/13/13	
	Required Signature of Registered	Agent		Date	
I submit this docum	nent and affirm that the facts stated herei	in are true. I am awar	e that any false infor	rmation submitted in	a document
to the Department	T State constitutes a third degree felony of	is proviaea jor in s.81	/.133, F.3.	1/17/19	
	stara Ju			0//3//3	
<u> </u>	Required Signature of Incorp	יטומנטו		Dale	