

N/3000005936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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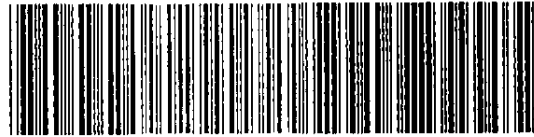
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 704928 5088917

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : June 27, 2013

ORDER TIME : 10:08 AM

ORDER NO. : 704928-005

CUSTOMER NO: 5088917

DOMESTIC FILING

NAME: ORIANE TO LIFE ORGANIZATION,
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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

ARTICLE I NAME

The name of the corporation shall be: ORIANE TO LIFE ORGANIZATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

16850 COLLINS AVE #306
Sunny Isles Beach, FL 33160

Mailing address, if different is:

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TALLAHASSEE, FL 32399

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- ① TO SUPPORT THE ISRAELI BEREAVED FAMILIES IN THE U.S.A.
- ② TO OPERATE A UNIQUE MEMORIAL SITE
- ③ TO SOLICIT FUNDS FOR THE ESTABLISHMENT OF THESE
AFORESAID PURPOSES.

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

min (3) max (7) # SHALL BE UNEVEN ELECTED ANNUALLY

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SIGALIT GOLDROW Name and Title: DORON AMIR

Address: PRESIDENT, CHAIRMAN Address: VICE PRESIDENT, VICE CHAIRMAN
16850 COLLINS AVE #306 2122 HOLLYWOOD BLVD.
SUNNY ISLES BEACH, FL 33160 HOLLYWOOD, FL 33020

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SIGALIT GOLDRING

Address: 16850 COLLINS AVE #306

SUNNY ISLES BEACH FL 33160

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

By: Sue G. Knight Assistant Vice President
Required Signature of Registered Agent

6-27-13
Date

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.

Sigalit Goldring
Required Signature of Incorporator

6-26-13
Date