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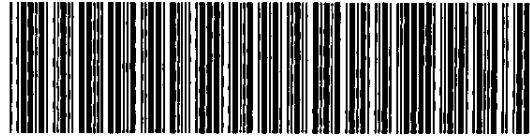
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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 10 PM 12:22

COVER LETTER

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

SUBJECT: Congregation Chevra Kadisha inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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: Jay Lyons
Name (Printed or typed)

7064 San Sebastian Cir
Address

Boca Raton, FL 33433
City, State & Zip

561-376-9972
Daytime Telephone number

RabbiLyons@nasck.org
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 NAME

The name of the corporation shall be: Congregation Chevra Kadisha Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7064 San Sebastian Cir

Boca Raton, FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a place of worship and observance of Orthodox Jewish religious ceremonies and services, and the education and furtherance thereof, to the Jewish community of South Florida. All activities will be in accordance with the doctrines of the Torah and the Code of Jewish law (Shulchan Aruch). All ministers will have been ordained as "Rabbi" by an Orthodox Jewish institution.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected by current directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jay Lyons, Co-President

Address: 7064 San Sebastian Cir
Boca Raton, FL 33433

Name and Title: Elchonon Zohn, Co-President

Address: 85-18 117th St
Richmond Hill, NY 11418

Name and Title: Norbert Baumann, treasurer

Address: 14390 N Michigan Ave
Miami Beach Fl 33140

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
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14 APR 10 PM 12:22

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: Jay Lyons

Address: 7064 San Sebastian Cir
Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jay Lyons

Address: 7064 San Sebastian Cir
Boca Raton, FL 33433

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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


Required Signature of Registered Agent

4/4/14
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.


Required Signature of Incorporator

4/4/14
Date