

N14000011520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

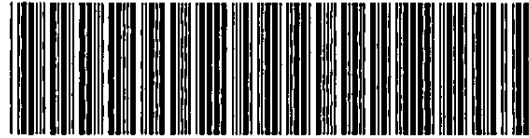
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC 19 AM 11:08

\*000  
12/22/14

## COVER LETTER

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

SUBJECT: Who Jew Know 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: Allison Kunners  
Name (Printed or typed)

1856 N Nob Hill Road #219  
Address

Plantation, FL 33322  
City, State & Zip

~~954 884~~ 954 288 1193  
Daytime Telephone number

whojewknow@gmail.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 NAME**

The name of the corporation shall be:

Who Jew Know Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1856 N. Nob Hill Road

Suite 219

Plantation, FL 33322

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to create connections to educational  
and charitable causes for college students and to create connections  
between students who are interested in these causes and opportunities.

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14 DEC 18 AM 11:08

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Directors are selected and appointed by the board.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Allison Konners CEO

Name and Title:

Address

1560 NW 96 Ave

Address:

Plantation FL 33322

Name and Title:

Hunter Most COO

Name and Title:

Address

222 W Beaver Ave

Address:

#206

State College, PA 16801

Name and Title:

Hannah Goldberg Managing Director

Name and Title:

Address

215 Hampden Ave

Address:

Narbeth, PA 19072

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: Bruce Konners

Address: 1560 NW 96 Ave  
Plantation FL 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Allison Konners

Address: 1560 NW 96 Ave  
Plantation, FL 33322

*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*

B Konners

Required Signature of Registered Agent

Bruce Konners

12/15/14

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.*

Allison Konners

Required Signature of Incorporator

Allison Konners

12/15/14

Date