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15 DEC 15 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

ATT: GINA

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

SUBJECT: Eshel Avraham 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: Bernard Klinger  
Name (Printed or typed)

20201 east country club drive  
Address

Aventura, FL 33180  
City, State & Zip

305. 335. 5578  
Daytime Telephone number

BKlinger18C@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: Eshel Avraham inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:20201 east country club  
drive

Mailing address, if different is:

Aventura, FL 33180**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: NON Profit organization purposeis to feed local needy families. we buy, pack and deliver  
food packages to needy families.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Bernard Klinger, P

Name and Title: \_\_\_\_\_

Address 20201 east country

Address: \_\_\_\_\_

club driveAventura, FL, 33180Name and Title: Saul Cohen, VP

Name and Title: \_\_\_\_\_

Address "Same as above"

Address: \_\_\_\_\_

Name and Title: I + 2 K MISSIKA, VP

Name and Title: \_\_\_\_\_

Address "Same as above"

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Bernard KingerAddress: 20201 east country  
club drive aventura, FL 33180**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: "same as above"

Address: \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 1/2/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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 Agent1/29/16  
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 Incorporator1/29/16  
DateFILED  
15 DEC 15 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA