

N16000011059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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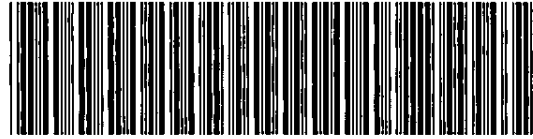
(Business Entity Name)

(Document Number)

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

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2016 NOV 14 PM 3:45  
TALLAHASSEE, FLORIDA

V HERRING  
NOV 17 2016

## COVER LETTER

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

**SUBJECT:** Chabad of Hernando and Citrus County 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:** Chaim Lipszyc  
\_\_\_\_\_  
Name (Printed or typed)

4717 Grainary Ave  
\_\_\_\_\_  
Address

Tampa, FL 33624  
\_\_\_\_\_  
City, State & Zip

516-864-5135  
\_\_\_\_\_  
Daytime Telephone number

chaimyl@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: CHABAD OF Hernando and Citrus County Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
14908 Pennington Road, Tampa, Florida 33624

Mailing address, if different is:

CHABAD OF HERNANDO AND CITRUS COUNTY INC.  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct a synagogue in accordance with the Orthodox Halachic interpretation of the Torah and Judaism

To conduct religious services in accordance with the tenets and practices of the Orthodox Jewish faith

To establish any organization that will fulfill any and all spiritual and practical needs of its Jewish members,

To insure that the tradition of Judaism will be maintained through the establishment of a religious school, CHABAD HEBREW SCHOOL

To provide proper facilities for the dissemination of knowledge and learning of Jewish faith, history,

literature and Jewish lifestyles and ideals in accordance with the Chabad Philosophy.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Annual Meeting

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

Name and Title: Rabbi Chaim Lipszyc. President

Address: 4717 GRAINARY AVE TAMPA FL 33624

Name and Title: Menachem Yarmush Vice-President

Address: 27346 WATER ASH DR

WESLEY CHAPEL FL 33544

Name and Title: Rabbi Aharon Backman Treasurer

Address: 4506 Sweetwater Lake Dr  
Tampa FL 33613

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

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

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

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Seema Dubrowski  
Address: 14908 Pennington Road,  
Tampa FL 33624

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Chaim Lipszyc  
Address: 4717 Grainary Ave  
Tampa FL 33624

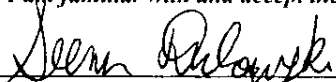
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 Agent

11/7/2016

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

11/7/2016

Date