

N17000002141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600295952166

02/27/17--01035--023 **70.00

FILED

17 FEB 27 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/01/17

COVER LETTER

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

SUBJECT: Congregation Chabad On Call 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: Yochanon Klein
Name (Printed or typed)
618 N Luna Ct
Address
Hollywood FL 33021
City, State & Zip
305-450-8287
Daytime Telephone number

floridamohel@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)

FILED
17 FEB 27 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Congregation Chabad On Call Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

N/A

618 N Luna Ct

Hollywood FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: this corporation is founded solely for charitable religious purposes within the meaning of th IRS Code sec 501(c)(3), namely To establish and maintain a synagogue of Chabad Chassidic Jewish worship with special consideration to the needs of sick people and their families. Services will be take place in such a way that maximizes the participation of the sick. Those who cannot come to services will have visitation services. The synagogue will carry out charity to the hospitalized, home bound and those in hospice care, their families and other needy persons. It will be authorized to acquire a place for worship and a home for the Rabbi and his family. The synagogue's Rabbi is Yochanon Klein, the appointed Chabad emisary. In n the event of its dissolution the Directors will distribute all remaining assets to other 501(c)(3) recognized synagogues.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Yechezkel Unsorfer Director</u>	Name and Title:	_____
Address	<u>4485 NW 65th Ave</u>	Address:	_____
	<u>Lauderhill FL 33319</u>		_____
	_____		_____
Name and Title:	<u>Menachem Druk Director</u>	Name and Title:	_____
Address	<u>440 Brooklyn Ave Apt 2G</u>	Address:	_____
	<u>Brooklyn NY 11225</u>		_____
	_____		_____
Name and Title:	<u>Levi Friedman Director</u>	Name and Title:	_____
Address	<u>10031 SW 15 Terrace</u>	Address:	_____
	<u>Miami, FL 33174</u>		_____
	_____		_____

Name and Title: Yochanon Klein Rabbi President Name and Title: _____
 Address: 618 N Luna Ct Address: _____
Hollywood FL 33021 _____

 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: Yochanon Klein
 Address: 618 N Luna Ct
Hollywood FL 33021

FILED
 17 FEB 27 PM 2:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Yochanon Klein
 Address: 618 N Luna Ct
Hollywood FL 33021

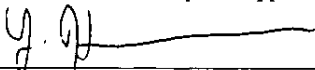
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business days after the filing.)

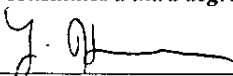
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Agent

2-22-17
 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

2-22-17
 Date