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COVER LETTER

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

SUBJECT: Ocean Driv	e Jewish Center Inc. (PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original: S70.00	and one (1) copy of the Ar	ticles of Incorporation and	a check for:
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REC	
FROM:	Menashe Kudan	me (Printed or typed)	_

City, State & Zip

954-457-8080

Daytime Telephone number

Leibel@chabadOceanDrive.com

E-mail address: (to be used for future annual report notification)

7 Seacrest Parkway

NOTE: Please provide the original and one copy of the articles.

Address

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	• Corporation shall be: Ocean Drive Jewish C	Center Inc.		
<u>ARTICLE II</u>	PRINCIPAL OFFICE			
	Principal <u>street</u> address:		Mailing address, if different is:	
7 Seac	erest Parkway		···-	
Holly	wood .FL 33019			
	PURPOSE r which the corporation is organized is: on is organized exclusively for charitable, re			
the InternalRe	venue Code, or corresponding section of an	y future federal ta	ax code.	
Upon the disso	lution of this organization, assets shall be di	stributed for one	or more exempt purposes within the mea	ning of section
501(c)(3) of the	e Internal Revenue Code, or corresponding s	section of any fut	ure federal tax code, or shall be distribut	ed to the
	ment, or to a state or local government, for a			
		<u> </u>		
ARTICLE IV MANNER OF ELECTION The manner ARTICLE V INITIAL OFFICERS AND/OR DIRECTO Name and Title: 7 Seacrest Parkway Hollywood FL 33019		ORS Name and Title	Rabb David Kudan Dic	18 DEC 17 F
Address /	7 Scacies Carkway Flory Wood CE 33017	Address:		ಭ ೮
Name and Title Address	Rabbi Menachem M. Posner D ₁ r. 7 Seacrest Parkway Hollywood FL 33019	Name and Title Address:		
Name and Title Address				

Name and Title:_		Name and Title:			
Address		Address:	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
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None and Title					
Name and Title		Name and Title:			
Address _		Address:			
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	REGISTERED AGENT orida street address (P.O. Box NOT accept	ubla) of the musictary	Lagant is:		
Name:	Yosef Kudan	ane) of the registered	agen is.		
Address:	18851 NE 29th Ave. #1005				
	Aventura, FL 33180				
	INCORPORATOR Idress of the Incorporator is:				
Name:	Menashe Kudan				18
Address:	7 seacrest Parkway				0EC
	Hollywood FL 33019				17
ARTICLE VIII	effective DATE: other than the date of filing: 12/11/20 ate is listed, the date must be specific and)18	(OPTION ())	· -	PH 3
(If an effective d	ate is listed, the date must be specific and	cannot be more tha	(OPTIONAL) in five days prior or	90 days after	the filing.)
	inserted in this block does not meet the app tive date on the Department of State's record		g requirements, this o	date will not be	: listed as the
	ned as registered agent to accept service of amiliar with and accept the appointment as			apacity	
	ci-			12/11/18	
	Required Signature of Registered A	ngent		Date	
I submit this docu to the Departmen	iment and affirm th <u>at t</u> he facts stated hereir t of State constitutes a <mark>t</mark> hird degree felony as	i are true. I am awar s provided for in s.81	e that any false infor 7.155, F.S.	mation submit	ted in a document
		-		12/1/18	?
	Required Signature of Incorpo	orator	_	I I pate	