

N19000010547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

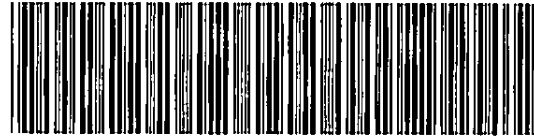
(Business Entity Name)

(Document Number)

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

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09/24/19--01006--012 \*\*70.00

FILED  
2019 SEP 24 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

NOTICE

OCT 8 2019

**COVER LETTER**

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

**SUBJECT:** Young Jewish Professionals Miami, 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:** Young Jewish Professionals Miami, Inc.  
Name (Printed or typed)

35 SE 9th Street  
Address

Miami, FL 33131  
City, State & Zip

(305) 373-8303  
Daytime Telephone number

rabbi@jewishdowntown.net  
E-mail address: (to be used for future annual report notification)

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

Young Jewish Professionals Miami, Inc.

**ARTICLES OF INCORPORATION**

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

2019 SEP 24 AM 9:46

ATX1

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: Young Jewish Professionals Miami, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

35 SE 9th St Miami, FL 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: See attachment

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

As described in the by-laws

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

Name and Title: Chaim Lipskar, Director

Name and Title: Chaim Lipskar, President

Address: 35 SE 9th St Miami, FL 33131

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

Name and Title: Yochanon Klein, Director

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

Address: 618 N Luna Court, Hollywood, FL 33021

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

Name and Title: Menachem M Gutnick, Director

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

Address: 7373 NW 113th Ave Parkland FL 33076

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

**Attachment to Articles of Incorporation of Young Jewish Professionals Miami, Inc.**

Said Organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code

No part of the net earnings of the Corporation shall inure to the benefit of any member, trustee, director, officer of the corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation), and no member, trustee, officer of the corporation or any private individual shall be entitled to share in the distribution of any of the corporation assets on dissolution of the corporation.

No substantial part of the activities of the Corporation shall be the carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided by IRC §501(h) ), and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

In the event of dissolution, all of the remaining assets and property of the corporation shall, after necessary expenses thereof, be distributed to another organization exempt under IRC §501(c)(3), or corresponding provisions of any subsequent Federal tax laws, or to Federal government, or state or local government for a public purpose, subject to the approval of a Justice of the Supreme Court of the State of Florida.

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2019 SEP 24 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FL

Young Jewish Professionals Miami, Inc.

ATX1

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: Chaim Lipskar

Address: 35 SE 9th St Miami, FL 33131

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Chaim Lipskar

Address: 35 SE 9th St Miami, FL 33131

\_\_\_\_\_

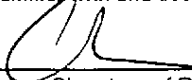
**ARTICLE VIII EFFECTIVE DATE:**

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*

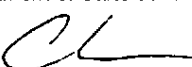


Required Signature of Registered Agent

8/12/2019

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

8/12/2019

Date

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