

N20000009849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

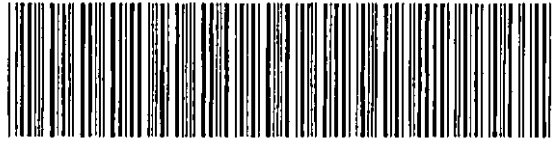
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/01/2020

Name: Chris Vick

Reference #: 1258737

Entity Name: HATZOLAH OF ORLANDO, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$78.75

Signature: [Signature]

✉ CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

✉ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES.
REGISTRY #3010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

✉ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2020

COGENCYGLOBAL

SUBJECT: HATZOLAH OF ORLANDO, INC .
Ref. Number: W20000096834

We have received your document for HATZOLAH OF ORLANDO, INC . and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 220A00016519

2020 SEP -1 PM 12:51

RECEIVED

COVER LETTER

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

SUBJECT: HATZOLAH OF ORLANDO, 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: NYISHA SHAKUR

Name (Printed or typed)

MINTZ, LEVIN; 666 THIRD AVENUE

Address

NEW YORK, NY 10017

City, State & Zip

212-692-6728

Daytime Telephone number

nshakur@mintz.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

2020 SEP -1 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: HATZOLAH OF ORLANDO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1070 McDONALD AVENUE

Mailing address, if different is:

BROOKLYN, NY 11230-2600

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VOLUNTEER FIRST RESPONDER AND AMBULANCE SERVICE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Written Consent

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isaac Stern, Director and President

Name and Title: Jeffrey Moerdler, Director

Address: 1407 48th STREET

Address: c/o MINTZ, LEVIN

BROOKLYN, NY 11219

666 THIRD AVENUE

NEW YORK, NY 10017

Name and Title: Zelig Gitelis, Director, VP, Treasurer

Name and Title: _____

Address: 1319 E. 26th STREET

Address: _____

BROOKLYN, NY 11210

Name and Title: David W. Shipper, Director

Name and Title: _____

Address: 201 EAST 69th STREET

Address: _____

NEW YORK, NY 10021

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: COGENCY GLOBAL INC.

Address: 115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NYISHA SHAKUR

Address: c/o MINTZ, LEVIN; 666 THIRD AVENUE
NEW YORK, NY 10017

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

/s/ ERIC HOOD, Assistant Secretary

Required Signature of Registered Agent

8/26/20

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

8/21/20

Date

2020 SEP - 1 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FL

FILED