

N20000010879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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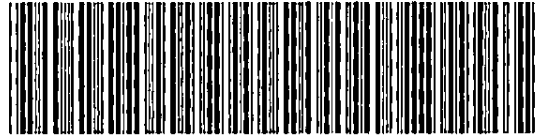
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: **Aleph Kosher 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: **Uriel Tawil**  
Name (Printed or typed)

**20401 NE 30th Ave apt 112**  
Address

**Aventura, FL 33180**  
City, State & Zip

**305-713-4024**  
Daytime Telephone number

**utawil@alephkosher.org**  
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**

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: Aleph Kosher Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

3575 NE 207th St, #B20

20401 NE 30th Ave apt 112

Aventura, FL 33180

Aventura FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized exclusively for religious purposes within the  
meaning of the Internal Revenue Code, section 501(c)(3), namely: to assist the Jewish communities of South FL and  
elsewhere adhere to the Jewish dietary laws. It will provide Rabbinic supervision to food producers insuring that food produced  
is acceptable according to Jewish religious law. It will respond to questions on Jewish law and instruct on proper  
religious practice. It is empowered to take any other action seen by the directors as beneficial to Jewish communities.  
In the event of its dissolution the directors of this corporation will distribute any remaining funds or assets to other  
corporations recognized as charitable by the IRS under IRC sec 501(c)(3) that have similar goals.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As provided for  
in the by Laws.

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

Name and Title: Tawil, Uriel Dir/Pres

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

Address: 20401 NE 30th Ave apt 112

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

Aventura FL 33180

Name and Title: Smierc, Yosi Dir

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

Address: 3575 NE 207th St

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

Aventura FL 33180

Name and Title: Srugo, Yosi Dir

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

Address: 20200 W Country Club Dr

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

Aventura FL 33180

|                       |                       |
|-----------------------|-----------------------|
| 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: Uriel Tawil  
 Address: 20401 NE 30th Ave apt 112  
Aventura FL 33180

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Uriel Tawil  
 Address: 20401 NE 30th Ave apt 112  
Aventura FL 33180

*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

08-30-2020  
 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

08-30-2020  
 Date