Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_ zmssac@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Zichron Yaakov Yitzchok Inc

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From: 17184082550 To: 18506176381

ARTICLES OF INCORPORATION

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

<u>ARTICLE II</u>	PRINCIPAL OFFICE		
147:	Principal <u>street</u> address: INE 177th St.	Mailing address, if d 1909 Avenue K	fifferent is:
Mia	mi, FL 33162	Brooklyn, NY 11230	
ARTICLE III The purpose t	I PURPOSE for which the corporation is organized in	Charity is:	
			 -
ARTICLE IV	MANNER OF ELECTION The	manner in which the directors are elected and appoin	Agreement by all office
			nted: Agreement by all office
ARTICLE V	INITIAL OFFICERS AND/OR DI	<u>RECTORS</u>	
ARTICLE V	INITIAL OFFICERS AND/OR DI Andrew Reichman, Director 1909 Avenue K	RECTORS Name and Title:	
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DI Andrew Reichman, Director 1909 Avenue K	RECTORS Name and Title: Address:	
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DI le: Andrew Reichman, Director 1909 Avenue K Brooklyn, NY 11230	RECTORS Name and Title: Address:	
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DI le: Andrew Reichman, Director 1909 Avenue K Brooklyn, NY 11230	RECTORS Name and Title: Address: Name and Title:	
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DI le: Andrew Reichman, Director 1909 Avenue K Brooklyn, NY 11230 le: Molly Reichman, Director	RECTORS Name and Title: Address: Name and Title:	
ARTICLE V Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DI Andrew Reichman, Director 1909 Avenue K Brooklyn, NY 11230 Molly Reichman, Director 1909 Avenue K Brooklyn, NY 11230	RECTORS Name and Title: Address: Name and Title:	

From: 17184082550 To: 18506176381

(H21000219214 3)))	
Name and Title:	Name and Title	: <u> </u>
Address	Address:	
_		
Name and Title:	Name and Title	:
Address	Address:	
-		
The name and Flo	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable) of the reg Andrew Reichman	istered agent is:
Name:	1471 NE 177th St	
Address:	Miami, FL 33162	
Name: Address:	Andrew Reichman 1471 NE 177th St	
	Miami, FL 33162	
Effective date, if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cannot be mo	(OPTIONAL) are than five days prior or 90 days after the filing.)
	nserted in this block does not meet the applicable statutor ve date on the Department of State's records.	y filing requirements, this date will not be listed as the
	ad an arrivant arrivant arrivant for the	
	ed as registered agent to accept service of process for th miliar with and accept the appointment as registered agen	ne above stated corporation at the place designated in the at and agree to act in this capacity
/s/ Andrew Reichman		$\frac{6/2/2021}{\text{Date}}$
	Required Signature of Registered Agent	-
I submit this docu	ment and affirm that the facts stated herein are true. I am	aware that any false information submitted in a documen
I submit this docu. to the Department /s/ Andrew Reic	ment and affirm that the facts stated herein are true. I am of State constitutes a third degree felony as provided for it	aware that any false information submitted in a document in \$817.155, F.S. 6/2/2021