

N210000134/54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

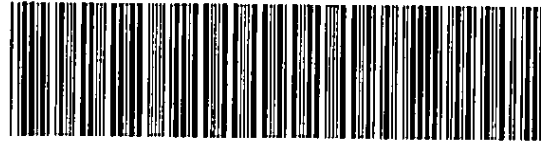
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Chabad Wisdom Circle Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

22095 Las Brisas Circle, #102

Boca Raton FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized exclusively for charitable religious
purposes within the meaning of the Internal Revenue Code section 501(c)(3), namely: to minister to senior citizens
in S Florida and others of the Jewish Faith, strengthening their connection to their ancestral religion, sharing its ancient
wisdom and providing for both their spiritual and material needs. It will implement religious educational programs,
visitations, prayer sessions, and any helpful assistance so seniors may maintain hopeful positive attitudes along with
satisfying social networks. In the event of its dissolution the directors of this corporation will distribute any remaining
funds or assets to other charitable corporations recognized 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 set forth in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wajsbort, Eli Dir/Pres

Name and Title: _____

Address 22095 Las Brisas Circle, #102

Address: _____

Boca Raton FL 33433

Name and Title: Nesenoff, Adam Dir

Name and Title: _____

Address 10281 Crosswind Rd

Address: _____

Boca Raton FL 33498

Name and Title: Fischweicher, Leah Dir

Name and Title: _____

Address 6310 NW 77th St

Address: _____

Parkland FL 33067

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TALIAH WASSER-OTTE

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Name and Title: Dyce, Menachem Dir Name and Title: _____
Address: 7 Meriden Pl Address: _____
Melville NY 11747 _____

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:

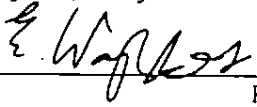
Name: Rabbi Eli Wajsbort
Address: 22095 Las Brisas Circle, #102
Boca Raton FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

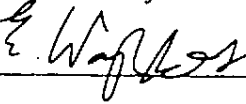
Name: Rabbi Eli Wajsbort
Address: 22095 Las Brisas Circle, #102
Boca Raton FL 33433

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

06/06/2021
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

06/06/2021
Date

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SECRETARY OF STATE
TALLAHASSEE, FL