

N22000000/220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

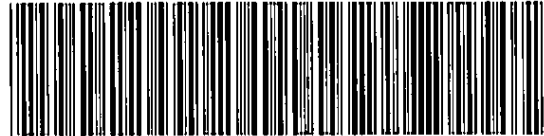
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800381365478

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2022 FEB -9 AM 8:15

2022 FEB -9 PM 3:24
DIVISION OF CORPORATION
TALL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/9/2022

****WALK IN****

ENTITY NAME LOVE PLUS LOVE INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072

Am: e DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: LOVE PLUS LOVE 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: MOSES SPITZER

Name (Printed or typed)

PO BOX 1176

Address

MONSEY, NY 10952

City, State & Zip

8452628342

Daytime Telephone number

ADMIN@CORPEXINC.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)

ARTICLE I NAME

The name of the corporation shall be: LOVE PLUS LOVE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

2022 FEB -9 AM 8:15

Principal street address:
3 HAVEN CT AIRMONT, NY 10952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ASSIST AND SUPPORT INDIVIDUALS IN TIME OF CRISIS WITH SPIRITUAL AND EMOTIONAL SUPPORT
IN PARTICULAR CONSISTENT WITH JEWISH FAITH

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as provided in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Saul Roth, President

Name and Title: Malkie Katz, Vice President

Address: 1 Karlsburg Road, Monroe, NY 10952

Address: 3 Haven Court, Airmont, NY 10952

Name and Title: Joel Moskowitz, Director

Name and Title: _____

Address: 1 Taitech Court, Monroe, NY 10952

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Malkie Katz

Address: 3920 N 56th Ave. Apt 407

Hollywood, FL 33021

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Moses Spitzer

Address: PO Box 1176

Monsey, NY 10952

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:

Malkie Katz
Required Signature of Registered Agent

2/3/22
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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2022 FEB -9 AM 8:15