TRANSMITTAL LETTER

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

Pelican Bay Lewish Interest
(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 &

Status

Certificate of

□\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

6585 Wicholas Blud. Ht

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:	2
ARTICLE I NAME The name of the corporation shall be: Pelican Bay Jewish Interest Group, Inc.	PH 2:26
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 6585 Nicholas Blud. #1901	
NAPCES, FLORIDA 34/08 ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are):	. <u>.</u>
A community group for the teaching of Jewish Cul	ture
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is:	
As stated in the Bylaws	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:	
JAN LIEBERMAN 6585 Nicholas Blud. #1901	
ARTICLE VI INCORPORATOR	
The <u>name and address</u> of the Incorporator to these Articles of Incorporation are: JAN LIEBERMAN 6585 Nicholas Blud #1901	
Son Leeberner Naples, FC. 34108 3/26/99	
Signature/Incorporator Dafe (An additional article must be added if an effective date is requested.)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date Date