

P16000008245

(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:



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03/18/15--01011--006 \*\*78.75

WIS000019833

Office Use Only

JAN 29 2016

T. SCOTT

16 JAN -7 AM 9:20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

16 JAN -7 2015 59

December 8, 2015

MOISES A GUCOVSKI  
334 ISLAND SHORES DRIVE  
WEST PALM BEACH, FL 33413

SUBJECT: HATIKVAH ISRAELIAN EQUINO INSTITUTE  
Ref. Number: W15000019833

We have received your document for HATIKVAH ISRAELIAN EQUINO INSTITUTE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

REGISTERED AGENT IS NOT A TITLE.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 915A00025717

## COVER LETTER

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

**SUBJECT:** Hatikvah Israelian Equino and Finace coorporation

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status.

**ADDITIONAL COPY REQUIRED**

**FROM:** MOISES A GUCOVSKI

Name (Printed or typed)

334 ISLAND SHORES DRIVE

Address

WEST PALM BEACH FLORIDA

City, State & Zip

561371-9509

Daytime Telephone number

paulinefajraizen@gmail.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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Hatikvah Israelian Equino and Finace cooperation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

334 ISLAND SHORES DRIVE

SAME

GREENACRESS FLORIDA

33143

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FINANCIAL HOUSES AND EQUINO SERVICE NATIONAL E IN

**ARTICLE IV SHARES**

The number of shares of stock is: 25,000.00

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

Name and Title: MOISES ARTEH GUCOVSKI

Name and Title: PRESIDENT

Address: 334 ISLAND SHORES DRIVE

Address: SAME

WEST PALM BEACH

Name and Title: SHIRLEY NANCY BERTINO

Name and Title: VICE PRESIDENT

Address: 334 ISLAND SHORES DIVE  
GREENACRESS FLORIDA 33143

Address: SAME

Name and Title: ILANA P. GUCOVSKI

Name and Title: Manager International

Address: 334 ISLAND SHORES DRIVE

Address: SAME

15 JAN - 7 AM 9:20

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: ILANA P GUCOVSKI

Address: 334 ISLAND SHORES

GREENACRES FL

**ARTICLE VII INCORPORATOR**

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

Name: ILANA GUCOVSKI

Address: 334 ISLAND SHORES

GREENACRES, FLORIDA 33413

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: NOVEMBER 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

\_\_\_\_\_  
Required Signature/Registered Agent

11/20/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

11/20/16  
Date