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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

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

SUBJECT: THE F	LORIDA JEWISH DIRECTOR	RY INC.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PY REQUIRED
FROM: Al	LLAN SHEAR	e (Printed or typed)	
22	34 NORTH FEDERAL HIGHV	VAY # 2010	
		Address	
ВС	OCA RATON, FL. 33431		
	City	, State & Zip	
(56	61) 705-4024	8 1-1 	
	Daytime	Telephone number	
alla	anshear@aol.com		

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

PRINCIPAL OFFICE Principal street address A NORTH FEDERAL HIGHWAY # 2010	Mailing address, if different is
OCA RATON, FL 33431	
RTICLE III PURPOSE The purpose for which the corporation is organized.	ed is: ANY AND ALL LAWFULL PURPOSE
s purpose for miner are on personal in organic	
	,
RTICLE IV SHARES	
he number of shares of stock is: 100	
	1
RTICLE V INITIAL OFFICERS AND/OR	DIRECTORS DIGENT
Name and Title:	SHEAR Name and Title:
Name and Title: ALLAN	
Name and Title: ALLAN Address 234 N.	Federal HTW/
Name and Title: ALLAN	Federal HTW/
Name and Title: ALLAN Address 234 N.	Federal HTW/
Name and Title: ALLAN Address 234 N.	Federal HTW/
Name and Title: ALLAN Address 234 N.	Federal Holdress:
Name and Title: ALLAN Address 234 N. Suite 20 Box A. 1-197 Name and Title:	Federal H/W 10 10 10 10 10 10 10 1
Name and Title: ALLAN Address Suite 20 Box A 1-77	Federal Holdress:
Name and Title: ALLAN Address 234 N. Suite 20 Box A. 1-197 Name and Title:	Federal H/W 10 10 10 10 10 10 10 1
Name and Title: ALLAN Address 234 N. Suite 20 Box A. 1-197 Name and Title:	Federal H/W 10 10 10 10 10 10 10 1
Name and Title: ALLAN Address 234 N. Suite 20 Box A. 1-197 Name and Title:	Federal H/W 10 10 10 10 10 10 10 1
Name and Title: Alkan Address Suite 20 Box A 1-77 Name and Title: Address	Federal H/W Address:
Name and Title: ALAN Address 234 N Suite 20 Box A 1-77 Name and Title:	Federal H/W Address: \\ 10 \\ \text{ON [-1.3344]} \\ Name and Title:
Name and Title: Alkan Address Suite 20 Box A 1-77 Name and Title: Address	Federal H/W Address:
Name and Title: ALAN Address 234 N Suite 20 Box A 1-77 Name and Title:	Federal H/W Address: \\ 10 \\ \text{ON [-1.3344]} \\ Name and Title:
Name and Title: ALAN Address 234 N Suite 20 Box A 1-77 Name and Title:	Federal HTW Address: 10 ON [-1.3344] Name and Title: Name and Title:

Address	2234 NORTH FEDERAL HIGHWAY # 2010
	BOCA RATON, FL 33431
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	ALLAN SHEAR
Address:	2234 NORTH FEDERAL HIGHWAY # 2010
	BOCA RATON, FL 33431
ADTICLETUL	NCOPPOPATOP
ARTICLE VII II	
The <u>name and add</u>	Iress of the Incorporator is:
Name:	ALLAN SHEAR
Address:	2234 NORTH FEDERAL HIGHWAY # 2010
	BOCA RATON, FL 33431
	EFFECTIVE DATE: ther than the date of filing: (OPTIONAL)
(If an effective da	te is listed, the date must be specific and cannot be more than five days prior or 90 days after the
filing.)	
	nserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ective date on the Department of State's records.
me document 3 cm	-
Having been name	d as registered agent to accept service of process for the above stated corporation at the place designated in Alliar with and accept the appointment as registered agent and agree to act in this capacity
cernjicule, i miju	MN 2h 15.
-A/L/	Required Signature/Registered Agent Date
	ment and affirm that the facts stated herein are true. I am aware that the false information submitted
	egartment of State constitutes a third degree felony as provided for in s.817.155, F.S.