

P99000059448

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 700002881357--7  
-05/20/99--01073--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Debra DATE  
AUTHORIZATION BY PHONE TO  
CORRECT Corp Suffix  
DATE 7-1-99  
DOC. EXAM RV

Examiner's Initials

W99-12127  
RV  
7-1-99

FILED  
99 JUN 29 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 25, 1999

PROPER SERVICE  
311 NW 10 TERR  
HALLANDALE, FL 33009

SUBJECT: JERUSALEM PITA  
Ref. Number: W99000012127

We have received your document for JERUSALEM PITA 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The document is illegible and not acceptable for imaging.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Please return the 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) 487-6924.

Sharon L Philman  
Document Specialist Supervisor

Letter Number: 799A00028700

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

MIAMI JERUSALEM PITA, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

145 EAST FLAGLER STREET  
MIAMI , FL 33131

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

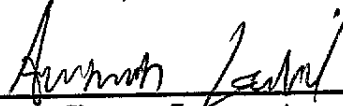
The name and Florida street address of the initial registered agent are:

DAVID TORCHIN, CPA, PA.  
8211 WEST BROWARD BLVD, SUITE 220  
PLANTATION , FL 33324

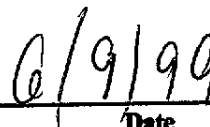
## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ARON LEVI  
5670 STIRLING ROAD , APT 203  
HOLLYWOOD , FL 33021  
TEL (954) 963-9631



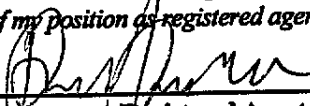
Signature/Incorporator



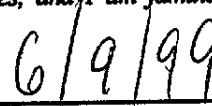
Date

(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

FILED  
99 JUN 29 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA