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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	New Filing Division of	Section Corporations				
SUBJ	IECT:	Gateways Name o	orga	n12a+ 10	n In	د
		Name o	of Corporati	on – must in	clude suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	Sir or Madam:					
Affairs	s in Florida", "G		ence", or "(	Certificate of	Status" and	ization to Conduct its check are submitted to in Florida.
Please	return all corre	espondence concer	ning this ma	itter to the fo	ollowing:	
		··	Miche	le W	ess	
			Name o	f Person		<del></del>
•		Mich	elle ( Firm/C	Jeiss ompany	Accorn	ting
		4	Beec	hwood	Dri	ve
			Add	iress		
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		mail address: (to b	mw	eiss ?	26 09	mail.com
	E-	mail address: (to b	e used for f	uture annual	report notifi	cation)
For fur	ther informatio	n concerning this r	natter, pleas	se call:		
	Miche	of Person	<b>s</b> at <u>(</u>	516 ) Area Code	320 - & Daytime T	elephone Number
	MAILING A					OURIER ADDRESS:
	New Filing Se Division of Co				New Filing S Division of C	
	P.O. Box 6327	7			Clifton Build	ding
	Tallahassee, F	L 32314			Tallahassee,	ive Center Circle FL 32301
Enclose	ed is a check fo	r the following am	ount:			
<b>5</b> \$70.	.00 Filing Fee	□\$78.75 Filing Certificate		□\$78.75 F Certifie	_	**2 \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corpor import in languag in the name at pro	sent. "Compan			=	-	=		
(State or count	ry under the lav	York wof which it is in	corporated)		(FEI number,	f applicable)		
(Date of Incorporation) 5. (Duration: Year				Per	perval			
(Da	te of Incorpora	tion)		(Duration: \	Year corp. will o	ease to exist o	or "perpetu	al")
		deter						
	11 Wa	illenberg	Circle	2 /	Monsey	N·Y.	1095	2
		<del></del>	(Principal of	fice address)				
				Same	_			
<u> </u>			(Сштепі пл	ailing address	5)			
	rporation authors	People rized in home sta	egareing te or country to d agent: (P.O.	Tems be carried o	h historiut in the state of	Y cu ltur Florida)	e, 4h	eritq
Name and <u>stree</u>	t address of F	People r rized in home sta lorida registere Services	te or country to d agent: (P.O.	Tews be carried o Box <u>NOT</u> a	h histor ut in the state of acceptable)	Y CU HW	e, the SECRETA	erit 96
Name and <u>stree</u>	t address of F	people raized in home statements  lorida registere  Services  S S+ s+	te or country to d agent: (P.O. LLC e Road	Tems be carried of Box NOT:	th history ut in the state of acceptable)	Y cu ltur Florida)	SECRETARY OF	15 JUL 21 AM
Name and <u>stree</u> Name:	t address of F	people raized in home stated in home	te or country to d agent: (P.O. LLC	Tems be carried of Box NOT	th history ut in the state of acceptable)	Y, cultur Florida)	SECRETARY OF SI	eritation 15 JUL 21 AMII:
Name and <u>stree</u>	t address of F	people raized in home state lorida registere  Services  S Stat  Davie  (City)	te or country to d agent: (P.O. LLC	Tews be carried of Box NOT:	t histor ut in the state of acceptable)	Y, cultural Florida)  33314  Zip Code)	SECRETARY OF STATE	15 JUL 21 AM 11: 08
Name and <u>stree</u> Name:  ice Address: _	taddress of F Vcorp 5011	Services S Stat  Davie (City)	te or country to d agent: (P.O. LLC	Tews be carried of Box NOT a	th history ut in the state of acceptable)	Florida)  3 3 3 1 9  Zip Code)	SECRETARY OF STATE	15 JUL 21 AMII: 08
Name and stree  Name:  ice Address:  Registered a ving been name in this there agrees to come	t address of F  V Corp  5011  gent's accepted as recision, comply with the	Services S Stat  Davie (City)	d agent: (P.O.	Box NOT:  7, S  Florida _  ce of procession as regiselative to the	s for the above	3 3 3 1 4 Zip Code) e stated corp ad agree to d omplete per	SECRETARY OF STATE ORIGINAL AND ACT IN this	15 JUL 21 ANII: 00 the plant

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A.	DIRECTORS
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Chairman:_	Mord	echai	Suchara	<u>(</u>		<del></del>		<del></del>
Address:	<u> </u>	Wallense	<u> </u>	rele				<del>-</del>
_		Mons	ey M	10952	•			
Vice Chair	man:							
Address:			·					
_								
Director:	Willia	m Ahd			140/11			
Address:	<i>ə</i>	1 Fairus	en Av	e				
_		Great N	eck n	14 110 D.	3	18 8 47 A 17 W 7 T		
Director:	Yosef	Kalatsh	<1		4			
Address:	5_	Valencia	AJE	Monsey	NY 109	5a		
				Arbuetle				11598
Address: Vice Presid Address:	lent:	ν	Oire NY IA				SECRE FARY UP STATE TALLAHASSEE FLORIDA	Street, and a st
				Circle	Mansey	- N 10	a = D	
Address:					· ·			
Treasurer:_	2	n I oi my	19000	Circle		- 01		
Address:		II MAI	1642 827	Circie	\u20.76	<u> </u>	1075 0	
NOTE: If 13		Chairman, Vic	e Chairman,	o the application or any officer list Suchast capacity of per	sted in number	12 of the appl		
	,	(Typed or prin	ted name and	capacity of per	son signing app	olication)		

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GATEWAYS ORGANIZATION, INC. was filed on 12/26/1997, as a Not-for-Profit Corporation

and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Certificate of Amendment was filed on 07/20/1998.

Certificate of Change was filed on 11/24/2008.

A Certificate of Amendment was filed on 05/21/2012.

A Certificate of Amendment was filed on 05/23/2012.

Certificate of Change was filed on 09/10/2014.

I further certify that no other documents have been filed by such corporation.

OF NEW CONTROL OF STREET

Witness my hand and the official seal of the Department of State at the City.

of Albany, this 07th day of July two thousand and fifteen.

Coursey Statement

Anthony Giardina
Executive Deputy Secretary of State

201507080460 \* HD