N18000009828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 SEP 12 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Jewish Center of the Arts, Inc.
(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 & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Avrohom N. Ruth
Name (Printed or typed)

1070 NE 163rd St. #204
Address

N. Miami Beach, FL 33162
City, State & Zip

305.765.3172
Daytime Telephone number

ARUTH@TAXCPATAX.COM
E-mail address: (to be used for future annual report notification)

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

Jewish Center of the Arts, Inc.

ATX1

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Jewish Center of the Arts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

120 NE 1st Avenue

Boca Raton, FL 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: See attachment

2014 SEP 12 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As described in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reuben New, Director

Address: 120 NE 1st Avenue

Name and Title:

Address:

Name and Title: Ahuva New, Director

Address: 120 NE 1st Avenue

Name and Title:

Address:

Name and Title: Alexandra Karram, Treasurer

Address: 6012 Le lac Road

Boca Raton, FL 33496

Name and Title:

Address:

ATX1

Jewish Center of the Arts, Inc.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

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: Reuben New

Address: 120 NE 1st Avenue

Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

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

Name: ~~Reuben New~~ Avrohom N. Roth

Address: 120 NE 1st Avenue

Boca Raton, FL 33432

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

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

_____ 9/3/2018

Required Signature of Registered Agent Date

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

_____ 9/3/2018

Required Signature of Incorporator Date