

N1100000005472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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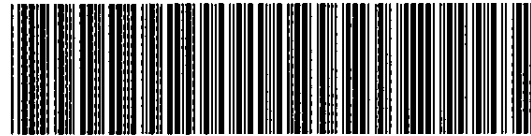
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 JUN -3 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Sc 6/6

## COVER LETTER

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

SUBJECT: The James Lehman Foundation, 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: Paul Labiner, Esq

Name (Printed or typed)

5499 No Federal Hwy., Suite K

Address

Boca Raton, Florida 33487

City, State & Zip

561-998-2362

351 NE 4th Ave. Telephone number

txadv@aol.com

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

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2011 JUN -3 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: The James Lehman Foundation, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
351 NE 4th Avenue  
Boca Raton, Florida 33432

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The James Lehman Foundation assists individuals with substance abuse issues by integrating them back into society in a simple and effective manner. Too often, alcoholics and addicts lack the necessary resources and information to enter into and stay within a sober community. Whether recently released from a correctional institution or one of the various chemical treatment facilities because of a relapse, few know where to turn and many become overwhelmed with the challenge of rebuilding their lives.

The foundation was formed in memory of James Lehman, a social worker who dedicated his life to helping children with severe behavioral problems and fellow alcoholics of all ages. Lehman, who earned a Master's in Social Work from Boston University in 1989 once roamed the streets of New York in between the six years he spent in various jails and prisons. The turning point for Lehman was the help and guidance of strangers who taught him how to stay out of prison, remain sober and create a life of meaning and purpose that touched thousands of lives. Our organization seeks to keep that spirit of service and selflessness given to Lehman alive by passing it on to a new generation of sufferers.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

The directors will be elected at the annual meeting.

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

Name and Title: Jay Mueller, Pres.  
Address: 351 NE 4th Avenue  
Boca Raton, FL 33432

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Paul Labiner, VP  
Address: 5499 No Federal Hwy  
Suite K  
Boca Raton, FL 33487

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Elliot Bronfman  
Address: 22261 Kettle Creek Way  
Boca Raton, FL  
33428

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

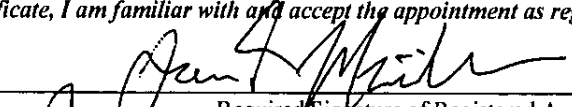
Name: Jay Mueller  
Address: 351 NE 4th Avenue  
Boca Raton, FL  
33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

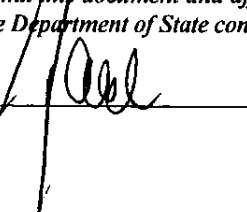
Name: Paul Labiner  
Address: 5499 No Federal Hwy  
Suite K  
Boca Raton, Florida 33487

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 of Registered Agent

5/31/11  
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.

  
Required Signature of Incorporator

5/31/11  
Date

2011 JUN -3 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED