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COVER LETTER

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

SUBJECT: Florida Access Coalition for 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: Andrew Segaloff
Name (Printed or typed)

701 Okeechobee Blvd
Address

West Palm Beach, FL 33401
City, State & Zip

561-833-8300
Daytime Telephone number

segaloff@kravis.org
E-mail address: (to be used for future annual report notification)

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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: Florida Access Coalition for the Arts, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

Mailing address, if different is:

701 Okeechobee Blvd.

West Palm Beach, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote, provide, and facilitate equal access to every individual wanting to experience the arts by; The facilitation of education, coordination and partnerships between arts providers, The facilitation of education, coordination, and partnerships between arts providers and support organizations for persons who are impaired, The education of the general public and targeted communities about programs offered by arts providers that facilitate equal access.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided for in the bylaws of this corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Segaloff, Director

Name and Title: Lew Balaban, Director

Address Kravis Center

Address: 621 SW 14th Court

701 Okeechobee Blvd.

Fort Lauderdale, FL 33315

West Palm Beach, FL 33401

Name and Title: Garry Novick, Director

Name and Title: Judy Litt, Director

Address Broward Center for the Perf. Arts

Address: Miami Theatre Center

201 SW 5th, Avenue

9806 NE 2nd Avenue

Fort Lauderdale, FL 33312

Miami Shores, FL 33138

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Andrew Segaloff

Address: 701 Okeechobee Blvd
West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

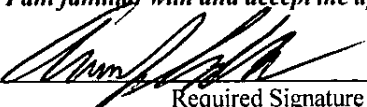
Name: Andrew Segaloff

Address: 701 Okeechobee Blvd
West Palm Beach, FL 33401

ARTICLE VIII ASSET DISTRIBUTION UPON DISSOLUTION

Upon the Dissolution of this organization: After the payment of all outstanding debts of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a State of Local government, for a public purpose.

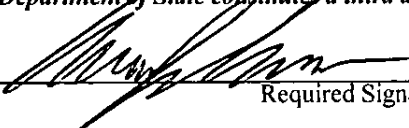
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

6/6/2013
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

6/6/2013
Date

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