

NISO00000713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

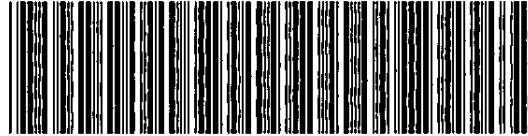
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200267861352

01/05/15--01017--005 **78.75

FILED
15 JAN 21 PM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W5-822

COVER LETTER

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

SUBJECT: Michael D. Farkas Charitable 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: Michael D. Farkas
Name (Printed or typed)

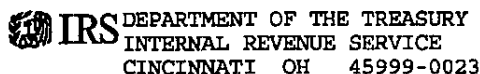
1221 Brickell Avenue, Suite 900
Address

Miami, FL 33131
City, State & Zip

(305) 539-0300
Daytime Telephone number

MDF@FarkasGroup.com
E-mail address: (to be used for future annual report notification)

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



Date of this notice: 12-30-2014

Employer Identification Number:
47-2650683

Form: SS-4

Number of this notice: CP 575 E

MICHAEL D FARKAS CHARITABLE
FOUNDATION INC
* MICHAEL FARKAS
1691 MICHIGAN AVE STE 601
MIAMI BEACH, FL 33139

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-2650683. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax
Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
Form 990-PF, Return of Private Foundation
Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

Form 1120, U.S. Corporation Income Tax Return
Form 1041, U.S. Income Tax Return for Estates and Trusts
Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.



RECEIVED

15 JAN 21 PM 2:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

January 7, 2015

MICHAEL D. FARKAS
1221 BRICKELL AVE STE 900
MIAMI, FL 33131

SUBJECT: MICHAEL D. FARKAS CHARITABLE FOUNDATION, INC.
Ref. Number: W15000000822

We have received your document for MICHAEL D. FARKAS CHARITABLE FOUNDATION, INC. 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 registered agent must sign accepting the designation.

Please return 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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 115A00000239

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

ARTICLE I NAME

The name of the corporation shall be: Michael D. Farkas Charitable Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1221 Brickell Avenue

Suite 900

Miami, FL 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To support institutions that support education and the needy.

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

Initial board appointed by the incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael D. Farkas, President

Address: 1221 Brickell Avenue

Suite 900

Miami, FL 33131

Name and Title: Jack Zwick, Vice President and Secretary

Address: 1221 Brickell Avenue

Suite 900

Miami, FL 33131

Name and Title: Ralph Perez, Treasurer

Address: 1221 Brickell Avenue

Suite 900

Miami, FL 33131

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TALLAHASSEE FLORIDA

•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: Michael D. Farkas
Address: 1221 Brickell Avenue, Suite 900
Miami, FL 33131

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael D. Farkas
Address: 1221 Brickell Avenue, Suite 900
Miami, FL 33131

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

Michael D. Farkas
Required Signature of Registered Agent

December 30, 2014
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.

Michael D. Farkas
Required Signature of Incorporator

December 30, 2014
Date