

N17000000169

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(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **Dr. Arthur Boyer 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: **Arthur Boyer**

Name (Printed or typed)

**PO BOX 2747**

Address

**Immokalee, FL 34143**

City, State & Zip

**(239) 330-0802**

Daytime Telephone number

**arthurboyerfoundation@yahoo.com**

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

**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: Dr. Arthur Boyer Foundation Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
720 Crestview Drive - Building 11 - Unit 102  
Immokalee, FL 34142

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Mailing address, if different is: STATE OF FLORIDA  
PO BOX 2747  
Immokalee, FL 34143

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Our purpose is to inspire and strengthen  
community development through a knowledge-sharing culture

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes,  
including for such purposes, the making of distributions to organizations that qualify as an exempt  
organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
As set forth in the bylaws.

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

Name and Title: Arthur Boyer - President  
Address: PO BOX 2747  
Immokalee, FL 34143

Name and Title: Jean Wileme Etienne - Treasurer  
Address: 2125 52nd Street Terrace  
Naples, FL 34113

Name and Title: Marie Guirleene Beldor - Secretary  
Address: PO Box 732  
Immokalee, FL 34143

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

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

Name and Title: \_\_\_\_\_  
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: Arthur Boyer

Address: 1802 Custer Ave Unit 204  
Immokalee, FL 34142

**ARTICLE VII INCORPORATOR**

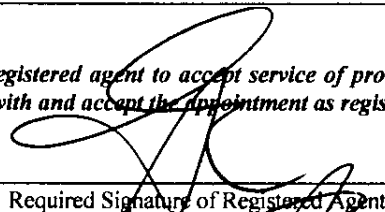
The **name and address** of the Incorporator is:

Name: Arthur Boyer

Address: 1802 Custer Ave Unit 204  
Immokalee, FL 34142

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STATE DEPT OF STATE  
TALLAHASSEE FLORIDA

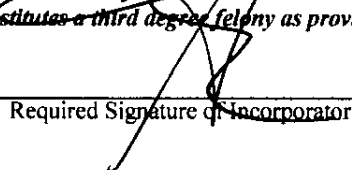
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

01/04/2017

\_\_\_\_\_  
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

01/04/2017

\_\_\_\_\_  
Date