

71800009828

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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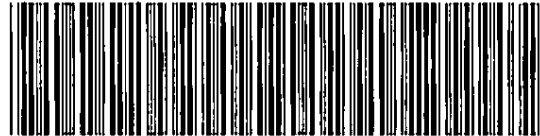
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SEP 13 2018

T. SCOTT



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09/12/18--01013--006 **70.00

2018 SEP 12 AM 8:57
TALLAHASSEE, FL 32304
SECRETARY OF STATE

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: _____

Arnon N. Tzeln

Name (Printed or typed)

1920 NE 163rd St. #204

Address

N. Miami Beach, FL 33162

City, State & Zip

305.765.3172

Daytime Telephone number

Arnth@acornart.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: Jewish Center of the Arts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

120 NE 1st Avenue

Boca Raton, FL 33432

ARTICLE III PURPOSE

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

2010 SEP 12 AM 8:57
CLERK JEFFREY B. S. 112
TALLAHASSEE, FL 32310

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

Name and Title: _____

Address: 120 NE 1st Avenue

Address: _____

Name and Title: Ahuva New, Director

Name and Title: _____

Address: 120 NE 1st Avenue

Address: _____

Name and Title: Alexandra Karram, Treasurer

Name and Title: _____

Address: 6012 Le lac Road

Address: _____

Boca Raton, FL 33496

Jewish Center of the Arts, Inc.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

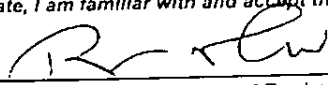
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____


ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Reuben NewAddress: 120 NE 1st AvenueBoca Raton, FL 33432**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ~~Reuben New~~ Avraham N. RothAddress: 120 NE 1st AvenueBoca 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*
Required Signature of Registered Agent9/3/2018

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 Incorporator9/3/2018

Date