

W18000011904

(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:

Check Front & back of Document

Office Use Only

W18000093519

NOV 13 2018

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2018 NOV -8 AM 9:37  
CITY OF CHICAGO



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2018

JONATHAN CARPENTER  
18851 NE 29TH AVE, SUITE 413  
AVENTURA, FL 33180

SUBJECT: ARI FOUNDATION INC.  
Ref. Number: W18000093519

We have received your document for ARI FOUNDATION INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 418A00021847

## COVER LETTER

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

SUBJECT: ARI 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: Jonathan Carpenter

Name (Printed or typed)

18851 NE 29th Ave, Suite 413

Address

Aventura, FL 33180

City, State & Zip

(305) 466-0577

Daytime Telephone number

Jonathan@ari-fg.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: ARI Foundation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

18851 NE 29th Ave, Suite 413

Aventura, FL 33180

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Said organization will be orgaized for charitable purposes with an emphasis on improving the lives of underprivileged children.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As provided for in the bylaws.

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

Name and Title: Arik J Bouskila PDST Name and Title: \_\_\_\_\_

Address: 18851 NE 29th Ave. Suit 413 Address: \_\_\_\_\_

Aventura, FL 33180 \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2006 NOV -3 AM 5:39

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: Registered Agents Inc.

Address: 3030 N. Rocky Point Dr. STE 150A

Tampa FL 33607

**ARTICLE VII INCORPORATOR**

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

Name: Arik J Bouskila

Address: 18851 29th Ave, Suite 413

Aventura, FL 33180

**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*

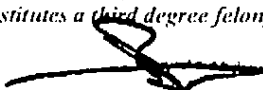


\_\_\_\_\_  
Required Signature of Registered Agent

10/19/2018

\_\_\_\_\_  
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 Incorporator

10/19/2018

\_\_\_\_\_  
Date

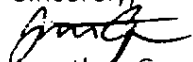
Date: November 6, 2018

To Whom It May Concern:

Please see attached for the updated form reflecting the title "PTSD" (President, Director, Secretary, and Treasurer) included next to the name. If you need anything else, please let me know.

Thank you.

Sincerely,



Jonathan Carpenter

305-466-0577

jonathan@ari-fg.com