

N190000011987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

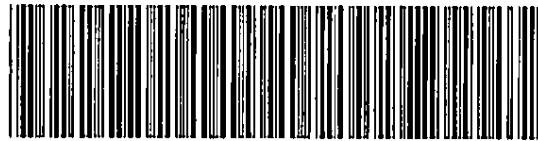
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** FRIENDS OF THE JERUSALEM INSTITUTE FOR STRATEGY & SECURITY, 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:** SHIRLEY WOOD  
\_\_\_\_\_  
Name (Printed or typed)

PO BOX 351148  
\_\_\_\_\_  
Address

JACKSONVILLE, FL 32235  
\_\_\_\_\_  
City, State & Zip

828-337-3571  
\_\_\_\_\_  
Daytime Telephone number

calculatingsolutionsinc@gmail.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** FRIENDS OF THE JERUSALEM INSTITUTE FOR STRATEGY & SECURITY, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11152 Oak Ridge Dr S  
Jacksonville FL 32225

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** exclusively for humanitarian, research, and educational purposes, including  
The purpose for which the corporation is organized is: \_\_\_\_\_  
for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501c3  
of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of the organization, assets  
shall be distributed for one or more exempt purposes within the meaning of Section 501c3 of the Internal Revenue Code, or any  
corresponding section of any future federal tax code, or shall be distributed to the federal government, or a state or local government,  
for public purpose. While in compliance with the statutes of the IRS Code, this organization will provide education and training to  
future Israeli generations and the public at large on security challenges faced by Israel and her citizens in the US and abroad.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: According to Bylaws  
\_\_\_\_\_  
\_\_\_\_\_

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

Name and Title: Harold Bernstein, Trustee

Address: 53 Apple Tree Dr  
Stamford, CT 06906

Name and Title: Efraim Inbar, Trustee

Address: 8 Segal St  
Jerusalem 9728960  
Israel

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

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

Name and Title: Gregg M. Mashberg, Trustee

Address: 21 Arbor Dr  
New Rochelle, NY 10804

Name and Title: Charles Travis, Trustee

Address: 11152 Oak Ridge Dr s  
Jacksonville, FL 32225

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

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

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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: Charles T. Travis  
Address: 11152 Oak Ridge Dr S  
Jacksonville FL 32225

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STATE  
ALLAHABAD, INDIA

**ARTICLE VII INCORPORATOR**

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

Name: Shirley Wood  
Address: 2130 Liscard Rd W  
Jacksonville, FL 32246


**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

11/06/2019  
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

11/06/2019  
Date