

NZZU000000637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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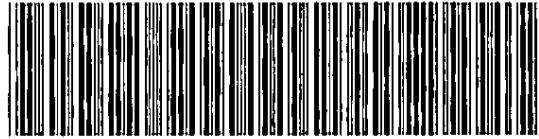
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** AMERICAN FOUNDATION FOR BENEFICIAL ARTS CORPORATION  
(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:** LOVETTE DOBSON

\_\_\_\_\_  
Name (Printed or typed)

17350 STATE HWY 249 #220

\_\_\_\_\_  
Address

HOUSTON, TX 77064

\_\_\_\_\_  
City, State & Zip

888-462-3453

\_\_\_\_\_  
Daytime Telephone number

EFILE1234@INCFIL.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:** AMERICAN FOUNDATION FOR BENEFICIAL ARTS CORPORATION  
**ARTICLE II PRINCIPAL OFFICE**

**Principal street address:**

**Mailing address, if different is:**

14812 ENCLAVE PRESERVE CIRCLE, #2T5

14812 ENCLAVE PRESERVE CIRCLE, #2T5

DELRAY BEACH, FLORIDA 33484

DELRAY BEACH, FLORIDA 33484

PALM BEACH

PALM BEACH

**ARTICLE III PURPOSE**

**The purpose for which the corporation is organized is:** \_\_\_\_\_

Charitable art for rehabilitation funding

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

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

**Name and Title:** Ian Nadjari (DIRECTOR)

**Name and Title:** Lucy De Kooning Villeneuve (DIRECTOR)

**Address** 14812 Enclave Preserve Circle, #2t5

**Address:** 14812 Enclave Preserve Circle, #2t5

Delray Beach FL 33484

Delray Beach FL 33484

**Name and Title:** Shawn Day (DIRECTOR)

**Name and Title:** Simon Shapiro (DIRECTOR)

**Address** 14812 Enclave Preserve Circle, #2t5

**Address:** 14812 Enclave Preserve Circle, #2t5

Delray Beach FL 33484

Delray Beach FL 33484

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

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

**Address** \_\_\_\_\_

**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: IAN NADJARI

Address: 14812 ENCLAVE PRESERVE CIRCLE #2T5

DELRAY BEACH 33484

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

7.7.2022 15:45

**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*

Ian Nadjari

Required Signature of Registered Agent

01/13/2022

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.*

Lovette Dobson

Required Signature of Incorporator

01/13/2022

Date