

No 90000005528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

68-5-9 26

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Treasure Coast Non
Profit Corporation

Signature _____

Requested by: Seth

6/4

3:30

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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 - _____ UCC 11 Search _____
 - _____ UCC 11 Retrieval _____
 - _____ Courier _____
- 11-5-04

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:
TREASURE COAST NON PROFIT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
613 SE ASHLEY OAKS WAY STUART FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ASSIST LOW INCOME FAMILIES IN OBTAINING AFFORDABLE HOUSING

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
OFFICERS/DIRECTORS WILL BE APPOINTED BY THE BOARD OF DIRECTORS AT THE ANNUAL MEETING IN THE PRINCIPAL OFFICE OF BUSINESS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
CHARLENE OAKOWSKY 613 SE ASHLEY OAKS WAY STUART FL 34997
PRESIDENT/TREASURE
ROXANNE TOKES 1713 A MARINERS COVE FORT PIERCE FL 34950 VICE
PRESIDENT/SECRETARY

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:
CHARLENE OAKOWSKY 316 SE ASHLEY OAKS WAY STUART FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
CHARLENE OAKOWSKY 613 SE ASHLEY OAKS WAY STUART FL 34997

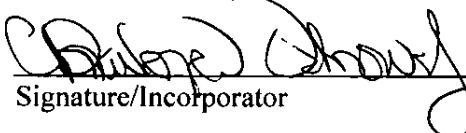
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

May 18, 2009

Date



Signature/Incorporator

May 18, 2009

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA