

N15000006520

(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:

Office Use Only



200273046312

05/26/15--01050--006 \*\*70.00

15 JUL -7 AM 11:09  
RECEIVED  
STATE OF MARYLAND  
DEPARTMENT OF REVENUE

1115-3725

mm 7/8

# COVER LETTER

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

**SUBJECT:** TREASURE COAST CULTURAL FESTIVAL 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: Carole L King  
\_\_\_\_\_  
Name (Printed or typed)

462 SW Holden Terrace  
\_\_\_\_\_  
Address

Port ST. Lucie FL 34984  
\_\_\_\_\_  
City, State & Zip

772-240-3039  
\_\_\_\_\_  
Daytime Telephone number

God-is-the1@hotmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2015

CAROLE L KING  
462 SW HOLDEN TERRACE  
PORT ST.LUCIE, FL 34984

SUBJECT: TREASURE COAST CULTURAL FESTIVAL  
Ref. Number: W15000037725

We have received your document for TREASURE COAST CULTURAL FESTIVAL 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00011218

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

**ARTICLE I NAME** TREASURE COAST CULTURAL FESTIVAL *Inc*  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
462 SW Holden Terrace Port ST. Lucie FL34984

Mailing address, if different is:  
PO BOX 881124

Port ST. Lucie FL34984

Port ST. Lucie FL 34988

15 JUL -7 AM 11:09

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To bring the Haitian community together, promote the art, culture and educate the Treasure Coast community about the history of the beautiful country of Haiti.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:  
*Selected by the incorporator*

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

Name and Title: Carole L King / *Director* *President* Name and Title: \_\_\_\_\_  
Address 462 SW Holden Terrace Address: \_\_\_\_\_  
Port ST Lucie FL 34984

Name and Title: Carmel Vericain / *Secretary* Name and Title: \_\_\_\_\_  
Address 462 SW Holden Terrace Address: \_\_\_\_\_  
Port ST Lucie FL 34984

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address Nazaire King / *Treasurer* Address: \_\_\_\_\_  
462 SW Holden Terrace  
Port ST Lucie FL 34984

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

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

15 JUL -7 AM 11:09  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Carole L King  
Address: 462 SW Holden Terrace  
Port ST Lucie FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carole L King  
Address: 462 SW Holden Terrace  
Port ST Lucie FL 34984

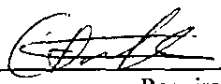
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MAY 18, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

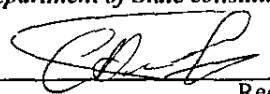


Required Signature of Registered Agent

MAY 18, 2015

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

MAY 18, 2015

Date