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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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4/8/03

TRANSMITTAL LETTER

FILED
2003 MAR 31 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: PORT ST. LUCIE CARNIVAL ASSOCIATION, 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: MAYBEL A. THOMAS-VIRGO
Name (Printed or typed)

157 S.E. LAKEHURST DR
Address

PORT ST. LUCIE, FL. 34983
City, State & Zip

(772) 871-1740
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PORT ST. LUCIE CARNIVAL ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

157 S.E. LAKEHURST DR. PORT ST. LUCIE, Fl. 34983

MAILING ADDRESS:
P.O. BOX 8641, PORT ST. LUCIE, Fl. 34985

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To organize and present an ANNUAL PARADE & FESTIVAL IN THE I FOR THE CITY OF PORT ST. LUCIE. TO SOLICIT AND ORGANIZE THE PARTICIPATION OF OTHER GROUPS IN THE COMMUNITY.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY VOTE

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

MAYBEL A. THOMAS-VIRGO : 157 S.E LAKEHURST DR., PSL. Fl. 34983 - DIREC
JOYCLYN MILLER - 429 S.W. TULIP BLVD. PSL. Fl. 34953 - ASSTS. D
ALDENE CODLING WILLIAMS 1337 S.E. PROCTOR LN. PSL. Fl. 34983 - TREASU DIRE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** of the registered agent is:

MAYBEL A. THOMAS-VIRGO
157 S.E. LAKEHURST DR.
PORT ST. LUCIE, Fl. 34983

ARTICLE VII INCORPORATOR

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

MAYBEL A. THOMAS-VIRGO
157 S.E. LAKEHURST DR
PORT ST. LUCIE Fl. 34983

****

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.

Maybel A. Thomas-Virgo — 03/25/03
Signature/Registered Agent — Date

Maybel A. Thomas-Virgo — 03/25/03
Signature/Incorporator — Date