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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of S	tatus
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Visual Arts Center of the Treasure Coast, IUC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one(1) copy of the Arti	cles 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 CO	PY REQUIRED	
FROM:	851 SE M	Cox rinted or typed) ACArthur Blvd. Address	111-≺	D6 JUN 22 AMII: 36
	Stuart, City,	Fla. 34994 State & Zip	_	
	772 2 Daytime To	25 700Z elephone 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)

ARTICLE I NAME
The name of the corporation shall be:
Visual Arts Center of the Treasure Coast, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
851 SE Magarthus Blvd. Stuart, Fla. 34994
ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To offer people of all ages and diverse
Cultural backgrounds The opportunity to experience and participat
The purpose for which the corporation is organized is: To offer people of all ages and diverse Cultural backgrounds The Opportunity To experience and participation the Visual arts and to provide a venue for the exhibition of the highest quality local, national and international art.
the highest quality local, National and international art.
ARTICLE IV MANNER OF ELECTION
The manner in which the directors are elected or appointed:
Appointed by the Board
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(a) address(a) and greatific title(a):
List name(s), address(es) and specific title(s): President Judith Bettendorf 5312 SE Meredith Terr. Stuart 10 3499
V-President Chistma de la Vega 3546 NE Skyline Dr. Jensen Beach Fl. 349.
V-President Chistma de la Vega 3546 NE Skyline Dr. Vensen Beach Fl. 349. Secretary Prudence COX 851 SE Mª Arthur Blyd Stuart Fl. 349
Treasurer Paul Hugens 2334 SE Ocean Blivd Stuar, Fl.
#112 34996
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Prudence Cox, and the Black
851 SE INMAPIAND DIVOL 53 =
Stuart Fla. 34996
ARTICLE VII INCORPORATOR The name and address of the Incompensation is:
The name and address of the Incorporator is: Prudence COX
The state of the s
851 5.E. Manimul Will. 35 36

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.
White drive (al
- Dandend Co 120/00
Signature/Registered Agent Date
Trudua COV 6/20/06
Signature/Incorporator Date