

N100000003468

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

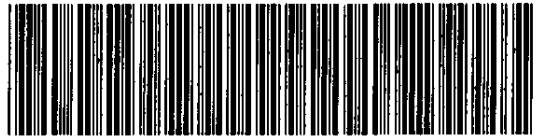
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03/19/10--01020--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -5 PM 12:09

W100000014156

YMD 4/1

COVER LETTER

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

SUBJECT: Treasure Coast, ALF, 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: Devoline Ramsay
Name (Printed or typed)

642 SW Jacoby Ave.
Address

Port St. Lucie Blvd, FL 34953
City, State & Zip

347-400-3008
Daytime Telephone number

tcoastalf@yahoo.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

March 22, 2010

DEVOLINE RAMSAY
642 SW JACOBY AVE.
PORT ST. LUCIE, FL 34953

SUBJECT: TREASURE COAST, ALF, INC.
Ref. Number: W10000014196

We have received your document for TREASURE COAST, ALF, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete Article(s) Article I through VII.

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 510A00007002

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -5 PM12:09

ARTICLE I NAME

The name of the corporation shall be:
Treasure Coast ALF, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal Office: 642 Jacoby Avenue, Port St. Lucie, FL 34953
Mailing Address: 4183 Worlington Ter, Ft. Pierce, FL 34947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to improve the lives of each individual so they can integrate back into the community. This corporation's purpose is to also uphold the rights of the individuals by offering services that are comprehensive, cohesive and will offer each individual the opportunity to be independent on a level they are comfortable with.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors and/or officers will be elected based on their experience working with individuals with varying personalities, community involvement, and effectiveness in influencing positive behavior change for the client.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

NA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

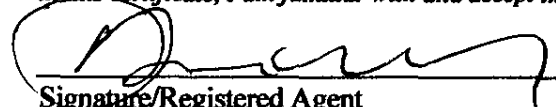
Devoline Ramsay
4183 Worlington Terrace
Fort Pierce, FL 34947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Devoline Ramsay
4183 Worlington Terrace
Fort Pierce, FL 34947

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

3-31-2010

Date



Signature/Incorporator

3-31-2010

Date