

N11000002944

(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



100198352701

03/21/11--01013--001--\*\*70.00

FILED

2011 MAR 21 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/2/08

# COVER LETTER

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

SUBJECT: Guardians OF River Park, 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: Sebastian Gomez

Name (Printed or typed)

225 E. Arbor Ave.

Address

Port Saint Lucie, FL 34952

City, State & Zip

772.340.0667

225 E. Arbor Ave. Telephone number

seb225jr@bellsouth.net ✓

E-mail address: (to be used for future annual report notification)

FILED  
2011 MAR 21 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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** Guardians Of River Park, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
225 E. Arbor Ave.  
Port Saint Lucie, FL 34952

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To work with County officials, other Organizations and interested individuals to help keep River Park and the River Park marina a desirable family friendly community.

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

Directors are appointed by the President.

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

Name and Title: Sebastian Gomez, President  
Address: 225 E. Arbor Ave.  
Port Saint Lucie, FL 34952

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

Name and Title: Willie Callahan, Vice President  
Address: 781 SW Bayshore Blvd.  
Port Saint Lucie, FL 34983

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

Name and Title: John Atonucci, Treasure  
Address: 1919 SW Lennox Street  
Port Saint Lucie, FL 34953

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Sebastian Gomez  
Address: 225 E. Arbor Ave.  
Port Saint Lucie, FL 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sebastian Gomez  
Address: 225 E. Arbor Ave.  
Port Saint Lucie, FL 34952

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

Sebastian Gomez  
Required Signature of Registered Agent

03.15.2011  
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.

Sebastian Gomez  
Required Signature of Incorporator

03.15.2011  
Date

FILED  
2011 MAR 21 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA