

N14000004229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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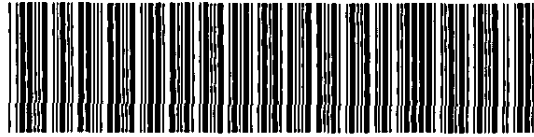
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 MAY -1 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Treasure Coast Regional League of Cities, 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: Dowling R Watford, Jr
Name (Printed or typed)

701 NE 5th St
Address

Okeechobee, FL 34972
City, State & Zip

863-763-6246
Daytime Telephone number

dowlingwatford@okeechobeeFord.com
E-mail address: (to be used for future annual report notification)

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: Treasure Coast Regional League of Cities, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
55 SE 3rd Ave

Okeechobee, Fl 34974

Mailing address, if different is:
701 NE 5th St

Okeechobee, FL 34972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote communication among the municipalities and the municipal
leaders of the Treasure Coast region, to foster cooperative action in meeting common needs, provide assistance to individual
municipalities, to represent the Treasure Coast area municipalities to the state league of cities, the state legislature, state
agencies, the Office of the Governor and Cabinet, and to promote good municipal government throughout the Treasure Coast.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: elected by the
members of the Board of Directors. Board members are appointed by each of the member municipalities.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JoAnn Faiella, Pres.

Address: 121 SW PSL Blvd
Port St Lucie, FL 34984

Name and Title: Richard Gillmor, VP

Address: 1225 Main St
Sebastian, FL 32958

Name and Title: Dowling R Watford, Jr, Treas

Address: 701 NE 5th ST
Okeechobee, FL 34972

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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14 MAY -1 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dowling R Watford, Jr

Address: 701 NE 5th St

Okeechobee, FL 34972

ARTICLE VII INCORPORATOR

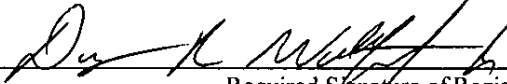
The name and address of the Incorporator is:

Name: Dowling R Watford, Jr

Address: 701 NE 5th St

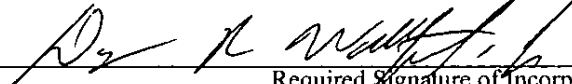
Okeechobee, FL 34972

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

4/28/14
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

4/28/14
Date

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TALLAHASSEE FLORIDA