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T. SCOTT



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RECEIVED
DIVISION OF REVENUE
STATE OF MISSISSIPPI

COVER LETTER

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

SUBJECT: Italian American Club of the Treasure Coast, 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

| | |
|--|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate |
| ADDITIONAL COPY REQUIRED | |

FROM: Agostino Mileto
Name (Printed or typed)

2065 S.E. Caliph St.
Address

Port Saint Lucie, Fl. 34952
City, State & Zip

772-777-3532
Daytime Telephone number

iactc@att.net
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: Italian American Club of the Treasure Coast, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2065 S.E. Caliph St.
Port Saint Lucie Fl. 34952

Mailing address, if different is:
P.O. Box 7085
Port St. Lucie Fl. 34985

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to preserve our Italian heritage for future generations through education while giving help financially to local and national charities of our choosing.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Officers are elected by majority vote of the general membership every two years in April.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Agostino Mileto, President
Address: 2065 SE Caliph St.
Port St Lucie, Fl. 34952

Name and Title: Gioacchio DiGiorgio, Vice President
Address: 3084 SE Pine Valley St.
Port St Lucie, Fl. 34952

Name and Title: Jay Cohn, Treasurer
Address: 150 SW Dalton Circle
Port St. Lucie, Fl. 34952

Name and Title: Barbara Mileto, Secretary
Address: 2065 SE Caliph St.
Port St Lucie, Fl. 34952

Name and Title: Guisseppi Mancini, Trustee
Address: 3203 SE Otis Lane
Port St Lucie, Fl. 34984

Name and Title: Dominic DiGiorgio, Trustee
Address: 3350 SW Perrine St
Port St Lucie, Fl. 34953

RECORDED
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Name and Title: Carlo Patti, Trustee Name and Title: _____

Address: 986 SW McHondan Address: _____
Port St Lucie, Fl. 34953 _____

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: Agostino Mileto
Address: 2065 SE Caliph St.
Port St. Lucie, Fl. 34952

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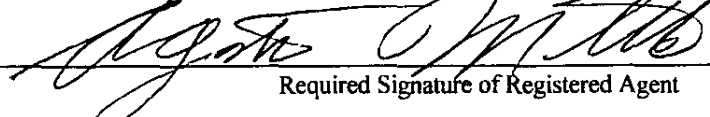
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AND BUSINESSES

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

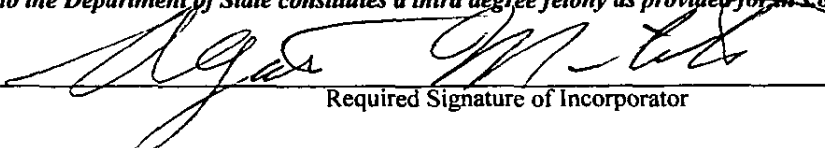
Name: Agostino Mileto
Address: 2065 SE Caliph St
Port St Lucie, Fl. 34952

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


Required Signature of Registered Agent

NOV.-5-2014
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

NOV.-5-2014
Date