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(Re	questor's Name)	
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PICK-UP	☐ WAIT	. MAIL
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Certified Copies	Certificate:	s of Status
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COVER LETTER

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

SUBJECT:	COAST CULTURAL FESTIVAL INC.			
SOBJECT:	(PROPOSED CORI	PORATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the A	rticles of Incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM:	Carole L King			
	Na	nme (Printed or typed)	-	
	462 SW Holden Terrace		_	
		Address		
	Port ST. Lucie FL 34984			
		City, State & Zip	-	
	772-240-3039			

NOTE: Please provide the original and one copy of the articles.

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

Daytime Telephone number

God-is-the1@hotmail.com



May 28, 2015

CAROLE L KING 462 SW HOLDEN TERRACE PORT ST.LUCIE, FL 34984

SUBJECT: TREASURE COAST CULTURAL FESTIVAL

Ref. Number: W15000037725

We have received your document for TREASURE COAST CULTURAL FESTIVAL and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 515A00011218

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

ARTICLE I	II PRINCIPAL OFFICE		म्हेर्न् र जी
	Principal street address:	Mailing address, if	
46	2 SW Holden Terrace Port ST. Lucie FL3	PO BOX 881124	
Po	ort ST. Lucie FL34984	Port ST. Lucie FL 34988	
			77, 0
			38 6
ARTICLE I	III PURPOSE		
		:	
To bring	the Haitian community together, promote	the art, culture and educate the Treasure Coast	community about the history
of the b	eautiful country of Haiti.		
			
<u>4RTICLE I</u>	IV MANNER OF ELECTION The n	nanner in which the directors are elected and appo	ointed:
	~		
	Selected by the inc		ointed:
	Selected by the inc	orporator	
	Beleated by the inc	orporator	
IRTICLE 1	Selected by the inc	ectors	
IRTICLE 1	Selected by the income with th	orporator	
ARTICLE I	Selected by the inc	ectors	
RTICLE I	Selected by the income with th	RECTORS Pent Name and Title:	
ARTICLE I	Selected by the income Interested by the income Interested by the income Interested Inte	RECTORS Pent Name and Title:	
ARTICLE I	Selected by the income Interested by the income Interested by the income Interested Inte	RECTORS Pent Name and Title:	
Name and T	Selected by the inc INITIAL OFFICERS AND/OR DIR Title: Carole L King/Director President Port ST Lucie FL 34984	RECTORS RECTORS Address:	
Name and T	Selected by the income Initial Secretary Secre	RECTORS RECTORS Address:	
Name and T Address	Selected by the inc INITIAL OFFICERS AND/OR DIR Title: Carole L King/Director President Port ST Lucie FL 34984	RECTORS RECTORS Address:	
Name and T	Selected by the income Initial Secretary Secre	RECTORS RECTORS Address: Name and Title:	
Name and T	INITIAL OFFICERS AND/OR DIR Carole L King/Director Pesion 462 SW Holden Terrace Port ST Lucie FL 34984 Citle: Carmel Vericain Secretar 462 SW Holden Terrace	RECTORS RECTORS Address: Name and Title:	
Name and T Address	INITIAL OFFICERS AND/OR DIR Carole L King/Director Pesion 462 SW Holden Terrace Port ST Lucie FL 34984 Citle: Carmel Vericain Secretar 462 SW Holden Terrace	RECTORS RECTORS Address: Name and Title:	
Name and T Address Name and T	Selected by the income Initial Secretary Port ST Lucie FL 34984 Port ST Lucie FL 34984 Port ST Lucie FL 34984	RECTORS RECTORS Address: Name and Title:	
Name and T Address Name and T Address	Selected by the income Initial Secretary Port ST Lucie FL 34984 Sitle: Carmel Vericain Secretary 462 SW Holden Terrace Port ST Lucie FL 34984 Sitle: Port ST Lucie FL 34984	RECTORS RECTORS Address: Address: Address: Name and Title: Name and Title:	
	Selected by the income Initial Secretary Port ST Lucie FL 34984 Sitle: Carmel Vericain Secretary 462 SW Holden Terrace Port ST Lucie FL 34984 Sitle: Port ST Lucie FL 34984	RECTORS RECTORS Address: Address: Address: Address:	
Name and T Address Name and T Address	Selected by the income Initial Secretary Port ST Lucie FL 34984 Sitle: Carmel Vericain Secretary 462 SW Holden Terrace Port ST Lucie FL 34984 Sitle: Port ST Lucie FL 34984	RECTORS RECTORS Address: Address: Address: Name and Title: Name and Title:	

Name and Title:	Name and Title:	_ _
Address	Address:	
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Name and Title:	Name and Title:	
Address	Address:	· · ·
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ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	0.00 m
Name:	Carole L King	en (n. n. n
Address:	462 SW Holden Terrace	
	Port ST Lucie FL 34984	
Name:	Carole L King	
Address:	462 SW Holden Terrace	
	Port ST Lucie FL 34984	
Effective date, i	f other than the date of filing: date is listed, the date must be specific and cannot be more than five busing)	AL) iness days prior or 90 business day
	te inserted in this block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as th
	amed as registered agent to accept service of process for the above stated confidence of familiar with and accept the appointment as registered agent and agree to act	ct in this capacity
	And the	MAY 18, 2015
	W. U	
	Required Signature of Registered Agent	Date
	Required Signature of Registered Agent cument and affirm that the facts stated herein are true. I am aware that any j ent of State constitutes a third degree felony as provided for in s.817.155, F.S.	false information submitted in a doc
	cument and affirm that the facts stated herein are true. I am aware that any j	false information submitted in a doc

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