

N 15000010277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

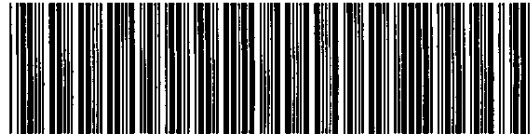
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WFO 64461

FILED
15 OCT 19 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1800h OCT 20 2015

COVER LETTER

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

SUBJECT: TREASURE COAST HOPE FOR THE HOMELESS FOUNDATION, 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: PETER DEL TORO
Name (Printed or typed)

809 NORTH DIXIE HIGHWAY SUITE 208

Address

WEST PALM BEACH, FLORIDA 33401

City, State & Zip

772-359-4945

Daytime Telephone number

PETEDELTORO@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

RECEIVED

15 OCT 19 PM 12:15

September 28, 2015

PETER DEL TORO
809 NORTH DIXIE HWY STE 208
WEST PALM BEACH, FL 33401

SUBJECT: TREASURE COAST HOPE FOR THE HOMELESS FOUNDATION,
INC.

Ref. Number: W15000064461

We have received your document for TREASURE COAST HOPE FOR THE HOMELESS FOUNDATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 915A00020419

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 HOPE FOR THE HOMELESS FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1750 S.E. DOMINIC AVE

Mailing address, if different is:

PORT SAINT LUCIE, FLORIDA 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF FOR WHICH THE TREASURE COAST HOPE FOR

THE HOMELESS FOUNDATION, INC. IS EXCLUSIVELY CAHRTABLE AND EDUCATIONAL WITHING THE MEANING
OF SECTION 501(C)3 OF THE INTERNAL REVENUE CODE.

UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT
PURPOSES WITHIN THE MEANING OF SECTION 501(C)3 OF THE INTERNAL REVENUE CODE, OR CORRESPONDING
SECTION OF ANY FUTURE FEDERAL CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR A
STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

PER BYE LAWS

CLERK OF STAFF
TALLAHASSEE, FLORIDA

15 OCT 19 PM 4:09

FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICHARD R. DELTORO, JR. PRES

Name and Title: DANIELLA DELTORO, VP, SEC

Address: 1750 S.E. DOMINIC AVE

Address: 1750 S.E. DOMINIC AVE

PORT SAINT LUCIE, FL 34952

PORT SAINT LUCIE, FL 34952

Name and Title: NIXALYS VEGA, TRES

Name and Title: _____

Address: 6646 N.W. AGNON COURT

Address: _____

PORT SAINT LUCIE, FL 34953

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: RICHARD DELTORO JR
Address: 1750 SE DOMINIC AVE
PORT ST. LUCIE FL 34952

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Peter RICHARD DELTORO JR
Address: 1750 SE DOMINIC AVE
PORT ST. LUCIE FL 34952

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Richard Del Toro
Required Signature of Registered Agent

10/13/15

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.

Peter Del Toro
Required Signature of Incorporator

10/13/15

Date