

12/26/24, 1:28 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**N24000422083**

PL  
12-27-24

Note: Please print this page and use it as a cover sheet. Type the filing audit number (shown below) on the top and bottom of all pages of the document.

((H24000422208 3)))



H240004222083ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

2024 DEC 26 PM 3:35

RECEIVED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

St. Raphael Connections Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2024 DEC 26 PM 5:03

RECEIVED

FC  
ADP

### COVER LETTER

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

**SUBJECT:** St. Raphael Connections 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
<b>ADDITIONAL COPY REQUIRED</b>	

2024 DEC 26 PM 3:35  
 DEPT OF STATE  
 000000

**FROM:** Erik Treutlein, Legalzoom.com, Inc.  
Name (Printed or typed)

9900 Spectrum Drive  
Address

Austin, TX 78717  
City, State & Zip

323 962-8600 ext. 9724  
Daytime Telephone number

ranagement@legalzoom.com  
Email 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: St. Raphael Connections Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1775 US Highway 1 South #1026

Mailing address, if different is:

St. Augustine, FL - 32084

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Foster connections of adults with low vision with already existing services, information about tools and progress for their disease and connect with each other for life long support.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed, The method by which the directors of the corporation are elected or appointed will be stated in the bylaws.

RECORDED  
2024 DEC 26 11:30:35  
STATE  
FL

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

Name and Title: M Ryan Skinner, (U)  
Address: St. Raphael Connections 1775 US Highway  
St Augustine, FL - 32084

Name and Title: Thomas Skinner, (S.D)  
Address: 4255 US Highway 1 S 346,  
St Augustine FL 32086

Name and Title: Mary Skinner, (D)  
Address: 4255 US Highway 1 S 346,  
St Augustine FL 32086

Name and Title: Nancy Bryers, (D)  
Address: 4255 US Highway 1 S 346,  
St Augustine FL 32086

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

Name and Title: \_\_\_\_\_  
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: United States Corporation Agents, Inc.

Address: 476 Riverside Ave.

Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mary Skinner

Address: 4255 US Highway 1 S 346,

St Augustine FL 32086

2024 DEC 26 PM 3:35  
STATE  
OFFICE

**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 days prior or 90 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*

Erik Treutlein

12/05/2024

Required Signature of Registered Agent

Date

Erik Treutlein, United States Corporation Agents, Inc

*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.*

/s/ Mary Skinner

12/05/2024

Required Signature of Incorporator

Date

Mary Skinner