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Division of Corporations

Florida Department of State
Division of Corporations
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To:

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION

St. Raphael Connections Inc.

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

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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

☒ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate

ADDITIONAL COPY REQUIRED

STATE
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 CORPORATIONS

2024 DEC 26 PM 3:35

11:30

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

ranmanagement@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.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title M Ryan Skinner, (T)

Name and Title Thomas Skinner, (S.D)

Address St. Raphael Connections 1775 US Highway
St Augustine, FL - 32084

Address: 4255 US Highway 1 S 346,
St Augustine FL 32086

Name and Title Mary Skinner, (D)

Name and Title Nancy Bryers, (D)

Address 4255 US Highway 1 S 346,
St Augustine FL 32086

Address 4255 US Highway 1 S 346,
St Augustine FL 32086

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: 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

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

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