

TRANSMITTAL LETTER  
**N95000003644**

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

600001549816  
-07/31/95--01092--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: The Arc of St. Lucie County 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: James C. Dwyer  
Name (Printed or typed)  
4816 South U.S. 1  
Address  
Ft. Pierce, FL 34982  
City, State & Zip  
(407) 465-5499  
Daytime Telephone number

STANDARD  
TALLAHASSEE, FL 32314

95 JUL 31 AM 10:31

FILED

AUG 2 1995 BSB

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

## ARTICLES OF INCORPORATION

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*The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617,  
Florida Statutes, adopt(s) the following Articles of Incorporation:*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I:

#### Name

The name of the Corporation is The Arc of St. Lucie County Foundation, Inc.

### ARTICLE II:

#### Principle place of business and mailing address

The mailing address of the office of the corporation is

P.O. Box 1016

Ft. Pierce, Florida 34954

or at such other place as the Board of Directors may designate from time to time.

### ARTICLE III:

#### Purpose(s)

The Corporation is organized exclusively for charitable, scientific, and educational purposes as defined and limited by Section 501(c) (3) of the Internal Revenue Code.

### ARTICLE IV:

#### Manner of election of directors

The business and property of the Corporation shall be managed by the Board of Directors.  
The method of election of Directors are stated in the Bylaws of the Corporation.

### ARTICLE V:

#### Limitation of corporate powers

The Corporation shall in its operation be subject to the following exclusive rights of The Arc of St. Lucie:

- a. To elect all Directors with the exception of those Directors permitted to be appointed by the President of the Corporation pursuant to the Bylaws and to remove and Director, whether elected or appointed, at any time, with or without cause.
- b. To elect and remove, at any time, with or without cause, any Officer.
- c. To approve annual budgets.
- d. To approve and amend Bylaws.

- e. To approve and expenditure, guaranty, obligation or agreement or combination thereof that singly or in the aggregate in any one calendar month involves an unbudgeted amount equal to or in excess of Ten Thousand Dollars (\$10,000).

#### ARTICLE VI:

##### Initial registered agent and street address

The street address of the registered office of the Corporation is 4816 South US 1, Ft. Pierce, Florida 32954. The registered agent of the Corporation is Cheryl King.

#### ARTICLE VII:

##### Incorporators

1. Upon the dissolution or final liquidation of the Corporation, all assets will be distributed to The Arc of St. Lucie County, Inc.
2. The name and address of each incorporator are as follows:

James Dwyer	5603 Cassia Dr. Ft. Pierce FL, 34982
Bill Tomlinson	1901 S. 11th St. Ft. Pierce, FL 34950
Brenda Washington	3000 Langston Dr. Ft. Pierce, FL 34946
Greg Kirk	904 Diane Lane Pt. St. Lucie, FL 34952
Alecia Conner	1117 SW Del Rio Blvd. Pt. St. Lucie, FL 34953

The undersigned incorporator has executed these Articles of Incorporation this 28<sup>th</sup> day of July, 19 95.

Signature of incorporator:

James C. Dwyer

James C. Dwyer

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

The Arc of St. Lucie County Foundation, Inc.  
(must include suffix)

2. The name and address of the registered agent and office is:

Cheryl King

(NAME)

4816 South U. S. 1

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Ft. Pierce, FL 34982

(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

July 25, 1995  
(DATE)

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TALLAHASSEE, FLA