

N96 000001413

TRANSMITTAL LETTER

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

FILED  
96 MAR 11 AM 9:31  
TALLAHASSEE, FLORIDA

SUBJECT: St. Lucie County Community Development Corporation  
(Proposed corporate name - must include suffix)

700001739577  
-03/12/96--01056--004  
\*\*\*131.25 \*\*\*131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input checked="" type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: June M. Smith  
Name (Printed or typed)

2802 SW Lucerne Street  
Address

Port St. Lucie, Florida 34953  
City, State & Zip

(407) 863-6181 or (407) 336-1310  
Daytime Telephone number

696 11670

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I

#### Name

The name of the corporation shall be:

St. Lucie County Community Development Corporation

### ARTICLE II

#### Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

2802 SW Lucerne Street  
Port St. Lucie, Florida 34953

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### ARTICLE III

#### Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To develop affordable housing for senior citizens and families.  
To aid in the advocacy and promotion of affordable housing.  
To develop and implement several programs that will assist in  
the unification of the family.

### ARTICLE IV

#### Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The first year of directors have been appointed by the registered agent. The following directors will be elected by snomination and a simple vote of the sitting board members.

#### ARTICLE V

##### Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

No limitations

#### ARTICLE VI

##### Initial registered agent and street address

The name and the street address of the initial registered agent is:

June M. Smith  
2802 SW Lucerne Street  
Port St. Lucie, Florida 34953

#### ARTICLE VII

##### Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

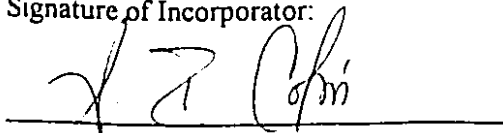
Sandy Colon - 658 SW Belmont Circle  
Port St. Lucie, Florida 34953

Mamie Smith - 5134 Catherine Street  
Philadelphia, PA 19143

Joseline Vargas - 2826 SW Lucerne Street  
Port St. Lucie, Florida 34953

The undersigned incorporator has executed these Articles of Incorporation this 07 day of March, 1996.

Signature of Incorporator:



Sandy Colon

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:

St. Lucie County Community Development Corporation

(must include suffix)

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

June M. Smith

(NAME)

2802 SW Lucerne Street

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

Port St. Lucie, Florida 34953

(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)

  
(DATE)