

P 10000036125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

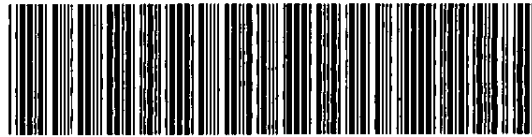
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

691-2544

W10000017927



500175097585

04/12/10--01044--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 APR 23 AM 11:14

4/27/10

COVER LETTER

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

SUBJECT: TREASURE COAST ALF, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: DEVOLINE RAMSAY

Name (Printed or typed)

4183 WORLINGTON TERR

Address

FORT PIERCE, FLORIDA 34947

City, State & Zip

(347)400-3008

Daytime Telephone number

TCOASTALF@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 APR 23 AM 11:14

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2010

DEVOLINE RAMSAY
4183 WORLINGTON TERR
FORT PIERCE, FL 34947

SUBJECT: TREASURE COAST, INC.
Ref. Number: W10000017927

We have received your document for TREASURE COAST, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 710A00009050

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 APR 23 AM 11:14

April 16, 2010

Devoilne Ramsay
4183 Worlington terr
Fort Pierce, Fl 34947

Subject: Treasure coast Alf, Inc

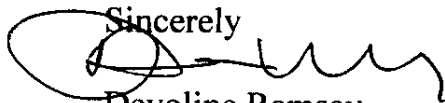
Ref: Number: W10000017927 / N10000003468

To whom It May Concern:

I have no intention of revoking dissolution of said

Corporation. I am giving up all rights to that name.

Sincerely



Devoline Ramsay
OWNER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 APR 23 AM 11:14

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Treasure Coast ALF inc.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 APR 23 AM 11:14

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal street: 642 Jacoby ave, Port St lucie FL, 34953

mailing address: 4183 Worlington terr, Ft Pierce, FI 34947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To improve the lives of each individual, so they Integrate back into
The community.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

NA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Devoline Ramsay

4183 worlington terr

Fort Pierce, FI 34947

ARTICLE VII INCORPORATOR

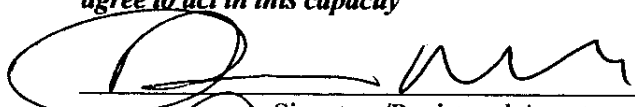
The name and address of the Incorporator is:

Devoline Ramsay

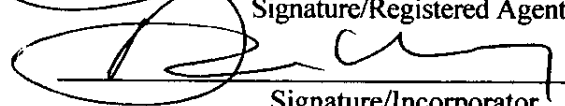
4183 Worlington terr

Fort Pierce, FL 34947

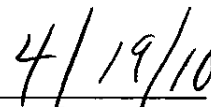
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



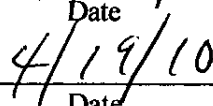
Signature/Registered Agent



Signature/Incorporator



Date



Date