

P21000048638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

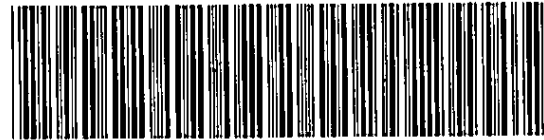
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000013107

Corp Suffix

Office Use Only



100363233421

04/12/21--01025--003 **87.50

2021 APR 12 AM 9:43

F11-11

COVER LETTER

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

2021 APR 12 AM 9:43

SUBJECT: The Sanctuary of the Treasure Coast 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan Rix
Name (Printed or typed)

1923 SE Hillmoor Drive, Apt 118
Address

Port St. Lucie, FL 34952
City, State & Zip

249 / 616 - 0712
Daytime Telephone number

puttinontherix@gmail.com
E-mail 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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: The Sanctuary of the Treasure Coast Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1923 SE Hillmoor Drive Apt. 118
Port St Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to provide
a safe, healthy, and nurturing environment to
inspire LGBTQ+ individuals and their allies
to be themselves, to share with new friends and
to engage in activities which promote our
community.

ARTICLE IV SHARES

The number of shares of stock is: N/A

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Rix, President

Address: 1923 SE Hillmoor Dr Apt 118
Port St. Lucie, FL 34952

Name and Title: Gary Silver, Vice President

Address: 12783 SE Old Cypress Dr.
Hobe Sound, FL 33455

Name and Title: Ronald Golden, Secretary

Address: 1923 SE Hillmoor Dr Apt 118
Port St. Lucie FL 34952

Name and Title: Barbara Silver, Treasurer

Address: 12783 SE Old Cypress Dr
Hobe Sound, FL 33455

Name and Title: Ives McNulty, Director

Address: 6031 SW Pueblo Terrace
Port St. Lucie, FL 34953

Name and Title: _____

Address: _____

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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: Jonathan Rix
Address: 1923 SE Hillmoor Dr. Apt 118
Port St. Lucie FL 34952

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jonathan Rix
Address: 1923 SE Hillmoor Dr. Apt. 118
Port St. Lucie, FL 34952

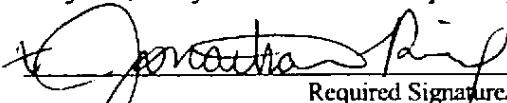
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

4-7-2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



4-7-2021