

N140000006901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

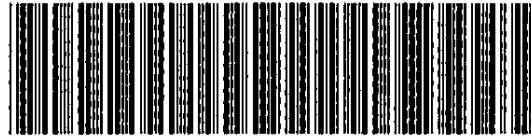
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FOREIGNER OF STATE
FALL APASSSEE FLORIDA

14 JUL 23 PM 2:41

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COVER LETTER

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

SUBJECT: Immokalee Community Campfire Corporation
(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

FROM: Norita Yzaguirre
Name (Printed or typed)

351 Ethel Frank Ct
Address

Immokalee, Florida 34142
City, State & Zip

239-675-6486
Daytime Telephone number

yzaguirre.raynaldo@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Immokalee Community Campfire Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
351 Ethel Frank Ct

Mailing address, if different is:

Immokalee, FL. 34142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: My family and I host an evening of an event at the Campfire grounds for those individuals seeking Sobriety in their livelihood. The event is open to all Tribal Members as well as to the public. We have several Treatment Centers that attend our Campfire and others that are required to seek some type of substance abuse counseling. It is our way of showing our gratitude to those seeking sobriety and live drug free. Some of my family members have struggled with drugs and lost their lives related to alcohol/substance abuse. Therefore we are providing our support for those that are striving to make a difference in their life. it is an evening of alcohol&drug free gathering.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

the directors are appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Norita Yzaguirre, President

Name and Title: _____

Address: 351 Ethel Frank Ct

Address: _____

Immokalee, FL 34142

Name and Title: Raynaldo Yzaguirre, Jr. Vice President

Name and Title: _____

Address: 351 Ethel Frank Ct

Address: _____

Immokalee, FL 34142

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA
14 JUL 23 PM 2:41

FILED

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: Norita Yzaguirre

Address: 351 Ethel Frank Ct
Immokalee, FL 34142


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Norita Yzaguirre

Address: 351 Ethel Frank Ct
Immokalee, FL 34142

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 of Registered Agent

07/21/2014
Date

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.


Required Signature of Incorporator

07/21/2014
Date