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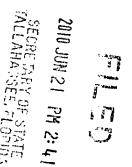
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Branded Camp Services, Inc. Name of corporation - must include suffix |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Douglas Murphy Name of Person |
| Name of Person |
| Branded Camp Services, Inc. |
| Firm/Company |
| P.D. Box 160526 |
| Address |
| Brooklyn NT 11216 ST |
| City/State and Zip code |
| Email address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (718) 237-8757 Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certificate of Status & |

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. |
|---|
| Branded Camp Services Inc. |
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| 2. Desaurire 3. 55-0794865 (EIN) |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. 8/13/2004 5. Perpetual |
| (Date of incorporation) (Duration, Year corp. will cease to exist or perpetual) |
| 6. (Date first transacted business in Florida, if prior to registration) |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 7. 448 Greene Ave Brockly NY 1/216 |
| (Principal office address) |
| PO BOX 160526 Brookly NT 1121GR (Current mailing address) |
| (Current mailing address) |
| |
| 8. Consulting: Summer camps (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| |
| 9. Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable) |
| Name: Demy Bater DENTON BAKER OFO |
| Office Address: 13 275 Living strip Rd |
| Magles, Florida 34109 (City) (Zip code) |
| θ (City) (Zip code) |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place |
| designated in this application, 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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of/my position as registered agent. |
| 120/2-00 |
| (Registered agent's signature) |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| A. DIRECTORS | ors: | |
|--|--|--------------------------|
| Chairman: Dorslas P. Murphy | | |
| | | |
| Brooklyn WY 11 | 2-16 | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | ECC. |
| | | 10 E |
| B. OFFICERS | | |
| President: Powly P- Murgh | | PH O |
| Address: 442 Greene Ave. | | |
| | | |
| Vice President: | | |
| Address: | | |
| | | |
| Secretary: | | |
| Address: | | |
| Treasurer: | | |
| Address: | | · |
| | | |
| NOTE: If necessary, you may attach an addendum to the ap | plication listing additional of | ficers and/or directors. |
| 3. (Signature of Director of Officer listed | in number 12 of the andi-si | ion |
| 4 | number 12 of the application of the second o | chief Engrituell |
| 4 | of person signing application | 1) |
| | _ | d Rivector |
| • | (| F - |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRANDED CAMP SERVICES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE,

A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRANDED CAMP SERVICES, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2002.

3558045 8300

100645253

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State to dues AUTHENTICATION: 8046097

DATE: 06-10-10

p.c.a.